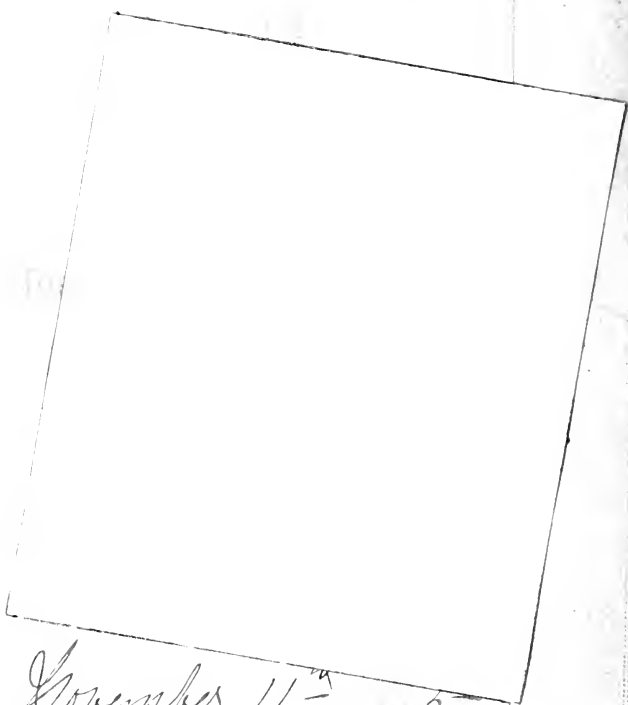


SHIP OF M 610.5. CIR

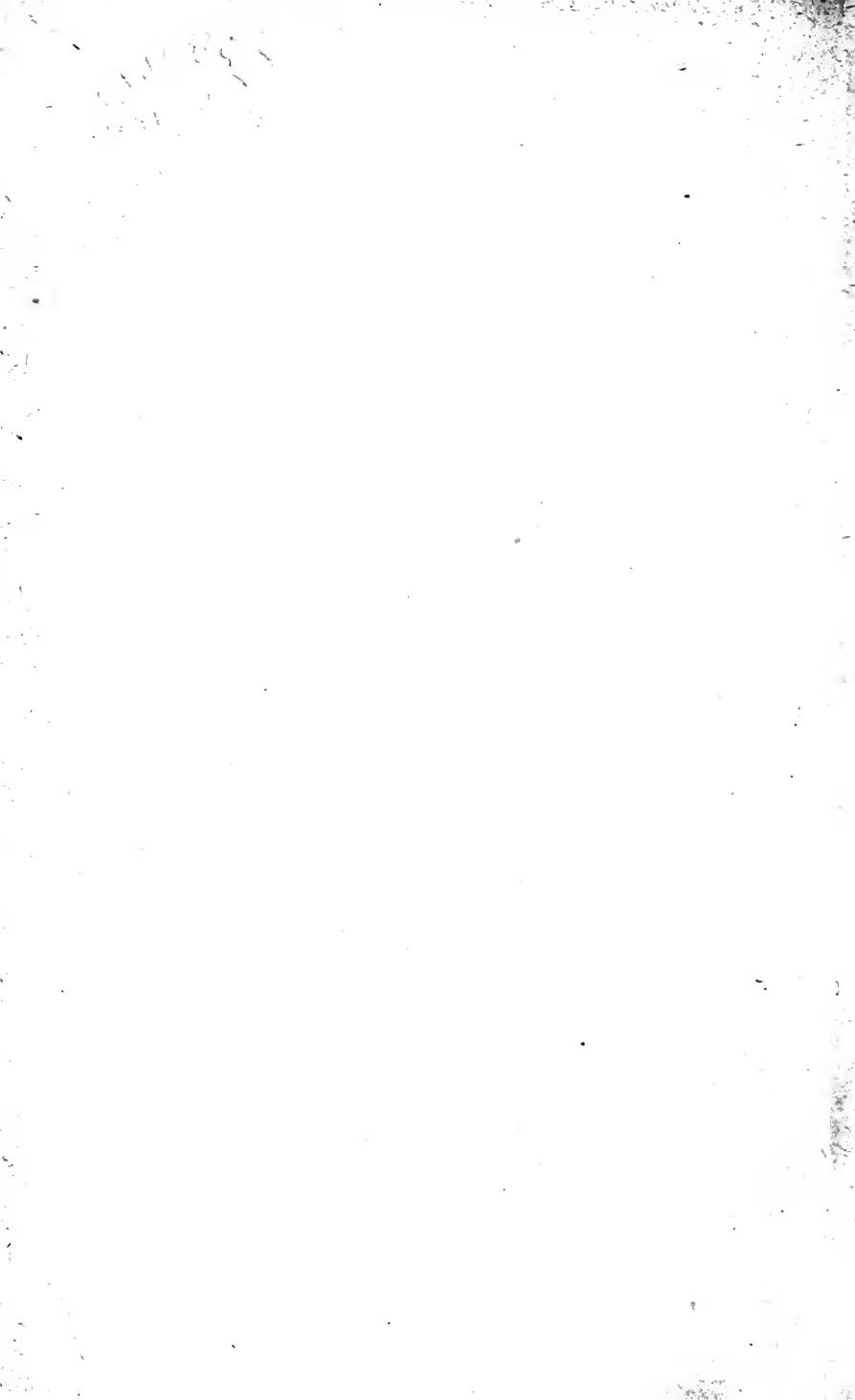


November 11th 5

OUTLIG
1870



11. 27. 11
C. 1. 27. 11



2148

THE
CANADA LANCET.
A MONTHLY JOURNAL
OF
MEDICAL AND SURGICAL SCIENCE.

EDITED BY
J. FULTON, M.D., M.R.C.S., Eng., L.R.C.P., Lond.

CO-EDITORS:
UZZIEL OGDEN, M.D., L.M.B.U.C. | Rev. J. W. ROLPH, M.D., L.R.C.P., L.



TORONTO :
DUDLEY & BURNS, PRINTERS, RANKIN BLOCK, COLBORNE STREET.
1872.

LIST OF CONTRIBUTORS TO VOL. IV.

- E. M. Hodder, M.D., C.M.; F.R.C.S. Eng., &c., &c.; Toronto.
N. Bethune, M.A., M.D.; F.R.C.S. Edin., &c., &c.; Toronto.
W. H. Hingston, M.D.; M.R.C.S. Eng.; Montreal.
W. Covernton, M.D.; M.R.C.S. Eng.; Simcoe.
George A. Tye, M.D.; Thamesville.
J. H. Richardson, M.D.; M.R.C.S. Eng.; Toronto.
W. S. Christoe, M.D.; Flesherton.
R. A. Reeve, B.A., M.D.; Toronto.
C. W. Purdy, M.D.; Hastings.
T. R. Dupuis, M.D.; F.R.C.P.S.; Kingston.
H. Strange, M.D.; Hamilton.
D. L. Philip, M.D.; Brantford.
J. Muir, M.D.; Merrickville.
C. D. Doig, M.D.; L.R.C.S. Edin.; Denbigh.
J. G. Freel, M.D.; Markham.
K. Addison, M.D.; Farmersville.
S. S. Cornell, M.D.; Toledo, Ont.
W. McGeachy, M.D.; Iona.
W. Oldright, M.A., M.D.; Toronto.
P. Constantinides, M.D.; M.R.C.S. Eng.; Toronto.
D. Heggie, M.D.; Brampton.
A. A. Andrews, M.D.; Windsor.
C. Freeman, M.D.; Milton.
F. L. Mack, M.D.; St. Catharines.
A. Armstrong, M.D.; Arnprior.
G. Grote, M.B.; St. Catharines.
J. M. Penwarden, M.D.; Fingal.
P. H. Spohn, M.D.; Penetanguishene.
E. Hornibrook, M.D.; Mitchell.
J. Bridgman, M.D.; Toronto.
A. McKinnon, M.D.; Sarnia.
T. Henry, M.D.; Sandhill.
H. R. Brissett, M.D.; St. Johns, Que.
H. M. Jones, M.D.; Marmora.
W. Morton, M.B.; Wellesley.
F. R. L. Strathy, M.D.; L.R.C.S.; Edinburgh.
G. Snyder, M.D.; Shelburne, N. S.
G. Niemeier, M.D.; Neustadt.
J. P. Brown, M.D.; Galt, Ont.

INDEX TO VOL. IV.

	PAGE		PAGE
Abortion, Criminal	185	Diseases of Women, Thomas.....	494
Address of Dr. Covernton, President		“ “ Simpson ..	494
Coll. Phys. and Surgeons, Ont...	202	“ Bones, Markoe	494
Advertisers and others.....	291	“ Infancy, Smith	541
Æsthesiometer, Modification of	280	Pathology, Green.....	542
Alnus Incana, Hæmostatics of, by		Urine, &c., Harley	542
T. R. Dupuis, M.D., L.R.C.P.S.K.	49	Bougie, Removal of from Bladder..	40
Alcohol, Declaration regarding.....	344	Bright's Disease, Ophthalmoscope	
Anæsthesia with Consciousness	422	in	179
Animalculæ, Poisonous Effects of, *		British Diplomas in Canada.....	188
by J. P. Brown, M.D	553	Bromide of Sodium, Use of.....	171
Appointments	92	Bromide of Calcium as a Nervine..	377
Appendix Vermiformis, Abscess of,		Bromal Hydrate.....	419
by Clarkson Freeman, M.D.	268	Bronchocele, Iron cause of.....	421
Apparatus for Hip-joint Disease		Bullet Extractor, New.....	39
(Sayre)	331	Canada Medical Association .. 34,	92
Artificial Respiration	423	Canadian Graduates.....	481
Artery Constrictor, in Hæmorrhage	224	Castor Oil in Pregnancy, &c.....	421
Art Criticisms, Dr. Liebreich	570	Catheterism, Sitting Posture in....	430
Aspiration in Hernia	576	Cataract, Extraction of, by R. A.	
Barbarous Treatment by a Midwife,		Reeve, M.A., M.D.....	363
by J. M. Penwarden, M.D.....	273	Cataract, New Method of Extract-	
Beef-tea, new method of making....	517	ing.....	335
Beef-tea, Worthlessness of	527	Cataract, Extraction of	141
Belladonna, Scarlet Efflorescence		Catalepsy, by S. S. Cornell, M.D... 308	
from	381	Catheter, Self-retaining, by Kelly	
Bill, Draft of Amendment, by H.		Addison, M.D.....	303
Strange, M.D	53	Catheter, Retaining in Bladder, by	
Blenorrhœa of Lachrymal Sac, by		A. McKinnon, M.D	113
N. Bethune, M.A., M.D., F.R.C.		Cerebro-Spinal Meningitis	531
S. Edin.....	197	Charitable Institutions, Aid to	342
Books and Pamphlets received 93,	193	Chloroform, Prevention of Death	
241, 295, 396, 445, 584		from	506
Book Notices—		Chloral Hydrate in Chorea, by J.	
Therapeutics, Waring	195	Bridgman, M.D	173
Medicine, Hartshorne.....	195	Circumcision in Utero	333
Reproductive Organs, Acton.....	196	Clamp, New Ovariectomy.....	79
Fractures & Dislocations, Ham-		Cleft Palate	426
ilton	145	Clubfoot Apparatus, Improved....	418
Nervous Disorders in Childhood,		College of Physicians and Sur-	
West	145	geons, Ont	33, 129, 187, 543
Women and Children's Diseases,		College Examinations	435
Dilnberger.....	146	Compound Fractures, Treatment of	477
Headaches, Wright.....	146	Complimentary	290
Prescription Book, Pereira.....	143	Concours in France.....	388
Chemistry, Medical, Attfield.....	95	Correspondence—	
Midwifery, Meadows.....	95	H. R. Brissett, M.D.....	61, 189
Pen Photographs, Clarke	240	Dr. J. Adams	190
Pathological Histology, Rind-		A. J. C	190
fleisch... ..	240	Dr. Campbell	117
Skin Diseases, Neumann.....	241	Thomas Henry, M.D.....	119, 238
Physiology, Dalton.....	241	C. B. Hall, M.D	61, 131
Surgery, Ashhurst	295	F. R. S.....	63, 237
Anæsthesia, Simpson	346	H. M. Jones, M.D	22
Consumption, Williams	494	William Morton.....	24

INDEX TO VOL. IV.

	PAGE		PAGE
M.D., Bath	26	Hall, Coll. Phys. & Surgs., Ont	389
Wm. Oldright, M.A., M.D.....	27	Harvard Medical College.....	32
A. S. C., M.D.....	28	Heart Disease, Increase of.....	414
Dr. Armstrong	293	Headaches, Periodical	422
J. G. Freel	394, 493	Hernia, Strangulated (Paget).....	522
George Snyder, M.D.....	438	Hernia, Strangulated, Taxis in	386
Otium Cum Dignitate	442	Hernia, Radical Cure of.....	174
Erie and Niagara Division.....	492	Hip-joint, Excision of.....	35
Disfranchised Voter	540	Hip, Dislocation of	313
Dr. McCammon	582	Honors	290
George Niemeier, M.D.....	583	Hospitals, Purification of	176
Craniotomy	188	Hospital Appointment	31
Cundurango	33, 89, 191	Hospital Reports....	243, 489, 539
Cyano-Pancreatine.....	33	Hospital Operating Days.....	485
Death Rate, United States and Eu- rope	529	How Not to do it	535
Delirium Tremens, Chloral Hy- drate in	8	Humerus, Dislocation, Treatment..	519
Deodorizers and Disinfectants, by A. A. Andrews, M.D.....	399	Hydrarthrosis, Treatment by Aspi- ration	471
Diploma, Forgery of.....	184	Hyperpyrexia, Treatment of.....	408
Diploma, Coll. Phys. & Surgeons, Ont	581	Hypodermic Syringe, Improved....	218
Disinfection of the Body	483	Instrument for Injecting Mid-Ear.	415
Donation to Trinity College	235	Intermittent Cerebro-Spinal Men- ingitis, by Geo. Niemeier, M.D..	551
Dr. Martin, Port Perry.....	35	Iodoform and Iron in Neuralgia...	223
Dr. Stokes in Trouble.....	232	Iodine, Colorless Tincture of	285
Early Pregnancy.....	332	Knee-joint, Removal of Loose Car- tilages.....	246
Elections, Medical Council ...	289, 343	Knock-Knee Brace	518
Elbow-joint, Excision of	73	Lactophosphate of Lime in Fever ..	528
Empyema, by J. H. Richardson, M. D., M.R.C.S. Eng.....	255, 259	Lateral Sinus, Trephining over	527
Empyema, Treatment by Syphon, by Wm. Oldright, M.A., M.D.....	367	Lethargus	170
Epidermic Grafting, by G. Grote, M.B.....	262	Limbs, Treatment of Inflammation in.....	75
Epilepsy, Brown-Sequard on.....	387	Lucrative Appointment	290
Epilepsy, Trephining in	520	Lung, Gangrene of, by W. S. Chris- toe, M.D.....	305
Examinations, Medical Council....	434	Malpractice, Prosecution for.....	123
Examination Questions	402	Medical Men <i>vs.</i> Insurance Com- panies.....	130
Examining Boards, Conjoint	526	Medical Act, Repeal of	130
External Iliac, Ligature of.....	140	Medical Education in U. S., by J. Muir, M.D., Antwerp	57
Fabrics, Non-inflammable.....	525	Medical Mutual Improvement So- ciety, St. Catharines....	213, 460, 495
Fatal Salivation from Hyd. Bi- chlor	411	Medical Students in Cuba.....	235
Fibrin, Origin of	122	Medical Literature, by J. Muir, M. D., Antwerp, N. Y	247
Fœtus, Decapitation of by Braun's Knife	473	Medical Act, Amendments to.....	339
Fractured Clavicle, Dressing for....	144	Medical Act, Proposed Amend- ments	431
Fracture, Growth of Nails in	286	Medical Elections	437, 486, 536
Fractures, Plaster of Paris in	521	Medical Association, American....	490
Ganglions, Surgical Treatment of..	530	Medical Council, Meeting of.....	577
Gauze Bandages for Stumps.....	37	Membranes, Early Rupture of	314
Gazette Hebdomadaire, &c	261	Menorrhagia, &c., Arsenic in.....	468
Gelsolinum, Therapeutic Value of		Menstruation in a Woman aged 64 years, by Thos. R. Dupuis, M.D., F.R.C.P.S.K	21
General Summary	48, 96	Mogigraphia, Case of	333
Glaucoma, by R. A. Reeve, M.A., M.D.....	500, 556	Multiple Aneurisms	566
Gonorrhœa, Treatment of	82	Mustard to make Leeches take	39
Guarana for Sick Headache	474		
Hæmoptysis, Treatment of	334		

INDEX TO VOL. IV.

	PAGE		PAGE
Myotomy and Tenotomy in Joint Diseases, by W. H. Hingston, M. D., M.R.C.S. Eng.....	1	Royal Medical Benevolent Society, Ireland.....	91
Nervous Phenomena, by W. S. Christoe, M.D.....	456	Scroto-Plastic, operation by J. Fulton, M.D., M.R.C.S., Eng. .	111
New Physical Law.....	38	Scrotum, Amputation of.....	278
New Remedies.....	274	Sewers, Ventilation of.....	277
Notice to Subscribers.....	92	Skin, Transplantation of.....	76
Notes and Queries.....	236, 291	Skull, Fracture of, by Geo. A. Tye, M.D.....	6
Notes and Comment.....	345, 391, 444	Skull, Fracture of, by Thos. R. Dupuis, M.D., F.R.C.P.S., Kn.	354
	487, 537	Skull, Fracture of (McLeod)....	569
Obituary Notices—		Small-Pox, Treatment of.....	284
Dr. Wm. Tempest.....	47	Small-Pox, Epidemic of.....	287
Dr. W. B. Hampton.....	48	Small-Pox, New Remedy for....	387
Dr. Wm. Hillier.....	396	Small-Pox Convalescent, when safe.....	429
Dr. Hackett.....	584	Social Evil.....	329
Dr. Gilmour.....	584	Sore Nipples, Management of...	168
Dr. Warren.....	584	Special Meeting of Med. Council	229
Œsophagus, Resection of.....	472	Spina Bifida cured.....	164
Opium Poisoning, Treatment.....	515	Stomach Pump, improved....	511
Orbit, Foreign Body in, by R. A. Reeve, B.A., M.D.....	16	Stricture of Œsophagus, Iodoform in.....	285
Organic Bromides.....	322	Strychnia, Poisoning by.....	67
Ovariectomy, by E. M. Hodder, M. D., C.M., F.R.C.S. Eng. 97, 147,	447	Strychnine, Tests for.....	530
Ovariectomy during Pregnancy....	334	Subclavian, Ligature of.....	573
Ovariectomy, by Billroth.....	410	Superior Maxillæ, Removal of both.....	224
Overgrown Child.....	116	Sunstroke.....	581
Peculiar People.....	526	Syphilis Corpuscles, (Losterfer.	420
Personal.....	291	Syphilis Corpuscles.....	433
Phenomena of Life, by J. G. Freal, M.D.....	297, 347	Syphilis Corpuscles, (Losterfer..	484
Phlegmasia Dolens, Treatment by Ferri Sulph.....	184	Syphilis, Treatment by Cor. Sub.	182
Piles, New Treatment of.....	427	Syringe for Uterine Injections .	177
Pinus Canadensis, Ext. of.....	180	Tetanus, Traumatic, by P. H. Spohn, M.D.....	159
Pneumatosis, Puncture in.....	175	Tetanus, Chloral in.....	469
Pot. Chlorid. in place of Bromide.....	473	Therapeutics of Faith, by Wm. McGeachy, M.D.....	358
Prince of Wales, Illness of.....	233	Thigh, Amputation of (McLeod)	572
Professional Examination, Coll. Surg., Eng.....	181	Thoracic Aorta, Aneurism of...	266
Professional Examination Questions, Coll. Phys. and Surgs., Ont.....	402	Tracheotomy, by Wood.....	412
Prolapsus Uteri, by C. W. Purdy, M.D.....	19	Tumor of Neck, Removal, by C. D. Doig, M.D., L.R.C.S.....	114
Pruritus, Treatment of.....	131	Tumors of Umbilicus, Removal, by C. D. Doig, M.D., L.R.C.S.	59
Puerperal Fever.....	305	Tumor of Labium, Lobulated ..	86
Quackery.....	128	Turpentine, its Use and Actions	143
Rectus Femoris Muscle, Rupture of, by Kelly Addison, M.D....	212	Typhoid Fever, Sequelæ of, by A. Armstrong, M.D.....	115
Red Blood-corpuscle, Structure of	384	Typhoid Fever, Hæmorrhage in.	473
Reflex Paralysis.....	574	Ulna and Elbow, Excision of ..	467
Remittent Fever, by Dr. Christoe	10	Unprofessional.....	486
Retention of Urine, Ice in.....	131		
Retention of Urine, Treatment .	420		
Rotheln, Epidemic of, by David Heggie, M.D.....	397		

INDEX TO VOL. IV.

	PAGE		PAGE
Upper Jaw, Excision of.....	567	Uterus, Inversion of, by Petros	
Uræmic Eclampsia, Bath in....	504	Constantinides, M.D., M.R.C.	
Urethral and Vesical Diseases..	269	S. Eng	370
Urine, Clinical Examination of.	132	Uterine Polypi, Excision of, by	
Urine, Treatment of Retention .	567	Clarkson Freeman, M.D	401
Uterus, Retroflexion of, by Ed.		Uterus Gravid, Rupture of	470
Hornibrook, M.D	162	Uterus, Inversion, Treatment of	533
Uterus, Perforation of by Sound	183	Vaccination during Pregnancy .	512
Uterine Catarrh, Treatment of..	137	Vegetable Powder	470
Uterus, Impregnated, Retrover-		What is our duty?.....	29
sion of, by D. L. Philip, M.D.	55	Wounds of Chest, Treatment by	
Uterus, Fibroid Polypus of.....	65	Closing.....	226
Uterus and Vagina, Absence of.	70	Wounds, Antiseptic Treatment of	315
Uterus, Retroflexion of, by A.		Wounds, New Plan of Dressing.	426
Armstrong, M.D.....	209	Wounded Artery, Billroth	475

THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

JANUARY, 1872.

No. 5.

Original Communications.

BLENORRHOEA OF THE LACHRYMAL SAC, WITH
CASES.

BY N. BETHUNE, M.D., F.R.C.S., EDIN., LATE CLINICAL ASSISTANT
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS,
PROF. ANAT. TRIN. COLL. TORONTO.

Among the affections incident to the lachrymal apparatus, there are probably none which present a more intractable character than those which implicate the lachrymal sac and its adjacent channels; leading, as such affections generally do, to such an amount of obstruction of the latter as to necessitate some mechanical procedure for their permanent restoration before any reasonable hope can be entertained for the permanent relief of the more obvious symptoms.

There is scarcely a necessity to describe what has been variously termed Mucocoele, Blenorrhœa of the Sac, &c., as it must have come, over and over again, under the observation of most practitioners, especially in this climate. Suffice it to observe that it comes on very slowly and insidiously, with at first

little more than slight lachrymation and puffiness over the region of the lachrymal sac, alternating with changes in the weather; with more or less oozing of a mucoid discharge through the Puncta upon pressure applied over the sac. It may originate either in a prior obstruction of the ducts from catarrhal or other inflammation in neighboring parts, as the conjunctiva or nasal mucous membrane; or it may itself, from repeated inflammatory attacks, lead to secondary occlusion of those channels. In whatever way caused, sooner or later, an obstruction in one or other of the canals sets in, and the complete pathological condition is established.

Periodical attacks of inflammation of the sac, frequently resulting in abscesses, are not uncommon, and these may recur at indefinite periods for a length of time, leading not only to very great annoyance and discomfort to the patient, but to actual disfigurement from the establishment of a permanent, hardened, discolored, sometimes fistulous, and always unsightly patch in the skin, and subjacent tissues in the vicinity of the sac.

The treatment has hitherto been properly directed to the restoration of the obstructed passages; but to show the small measure of success which has attended any one mode of dealing with the matter, we have only to glance at the number of diverse operations which have been proposed to surmount it. There is *catheterism of the nasal canal*, as performed, each in his own way, by Laforest, Benard, Gensoul, &c.: *Injections*, from above and from below, or through an existing fistula; *Dilations*, either through the natural ducts, or through an artificial opening into the sac; *Formation of artificial canals*, through the lachrymal bone or antrum; or even *extirpation of the lachrymal gland*, and many others.

In those cases which have come under my immediate notice, I have had, as yet, generally no great difficulty in procuring the most satisfactory results from one or other of three modes (singly or in combination) which have been lately recommended to meet the object in view.

In the one case the operation consists in slitting up the canaliculi, and introducing a number of graduated probes from time to time,—as recommended by Bowman.

In the second case—by Herzenstein's process—after slitting

up the canaliculi, one or both, a large probe is introduced and the stricture forcibly dilated, on the principle of Bernard Holt, for dilatation of stricture of the urethra.

In the third case, by combining the procedure of Herzenstein with that of Stilling, after slitting up the canaliculus, usually the upper one, and forcibly dilating the *ductus ad nasam*, a narrow wedge-shaped knife is introduced into the stricture, and made to divide it in three or four different directions.

The following cases will serve to illustrate the three different modes of treatment alluded to :

1st. Miss A. B., æt. 50. : Three years ago she first noticed a "weakness" of the right eye, soon followed by congestion and subsequent inflammation of the conjunctiva, with burning pain, and discharge (probably catarrhal). After applying poultices and lotions, the inflammation subsided, but the eye continued weak and watery, so much so as to require the constant application of a bandage for five months, and seclusion in-doors. When she first came under my notice, in July, 1869, the conjunctiva of the right eye was somewhat injected and watery, and there was an evident puffiness below the inner canthus. The lower canaliculus was divided, and after being allowed to remain quiescent for two or three days, a probe (No. 3 Bowman) passed in the direction of the *ductus ad nasam*, was with great difficulty insinuated through a stricture in that canal. The same probe was subsequently passed with much less difficulty for a fortnight (twice a week), after which time larger probes—up to No. 6 Bowman—were gradually introduced up to the sixth week, when my attendance ceased. From that time—now more than two years ago—she has suffered no inconvenience whatever, and considers herself perfectly cured.

Cases 2 and 3 occurred in the same individual.

Mrs. A. B., æt. 56. About 28 years ago she was attacked with severe inflammation of the right eye, for which she was treated by leeching, &c., at the Glasgow Eye Infirmary. As this subsided the left eye became similarly affected, but to a much less extent. She eventually got pretty well, except that when she caught cold, inflammation was apt to occur in both eyes; and this state of things went on for years, at variable intervals. About seven years since, during one of these attacks, the inflam-

mation seems to have crept into the right, and subsequently into the left lachrymal sac, resulting, in the case of the right, in an acute abscess, and in both in complete closure of the nasal ducts, as shown by a backward flow of fluid through the canaliculi by pressure upon the sacs.

I first saw this patient in March, 1869. Both eyes were very watery, and the parts below the inner canthus full, giving a peculiar flat appearance to the bridge of the nose. On pressure a thick glairy fluid regurgitated into the inner angle of the eyelids. She was unable to read or sew without being obliged to wipe her eyes every few minutes. The right lower canaliculus was slit up, and a small probe passed with some difficulty into the nasal duct. A few days afterwards the large sound of Weber was forced through the passage, and the parts kept dilated by means of the same sound, at intervals of a few days, for about 3 months.

On the left side, the lower canaliculus was also divided some days subsequent to the first operation, and the nasal duct forcibly dilated by Weber's large sound, after which it was never meddled with again.

She can now (Dec., 1871) read or work at her needle, by day or night, for two hours at a time, without the slightest lachrymation or other inconvenience. Both nasal ducts are perfectly free.

4th. Mrs. M. A. W., married, æt. 30. In autumn of 1868, the right side of the face became swollen and painful, as if—as she described it—from toothache. When the swelling subsided, there remained a small, hard lump below the inner canthus, persisting for two years. At first, pressure upon this lump caused a discharge into the nose, but latterly this passage became occluded. The lump increased in size some time after it first appeared (Aug., 1870), became very painful and suppurated, and was relieved by incision. It subsequently inflamed, suppurated, and was lanced repeatedly, till she first came under my observation, in August, 1871, at which time she was suffering from continual irritation of the right eye, there being at the same time an indurated, painful, discolored patch below the inner canthus. This shortly suppurated and was relieved by puncture. Shortly afterwards, when the inflammatory symptoms had subsided, the

lower canaliculus was freely divided to the sac, and after having been allowed to remain quiet for two or three days, a probe, passed in the direction of the nasal duct, revealed the presence of a stricture in that canal. The larger division of Weber's biconical sound was then forcibly pushed through the constricted portion, and after a few minutes, withdrawn. This operation was repeated about once a week for six weeks, after which time the patient complained of no uneasiness, every remnant of the unsightly patch upon her cheek having disappeared.

In the fifth and sixth cases the procedure employed was a compound of that of Herzenstein and Stilling. Both resulted in a perfect cure; and are remarkable, as they occurred in the same individual. I shall here state the case in the patient's own words.

J. J. C., æt 23, of a robust constitution, had suffered from stricture of both nasal ducts for a period of fifteen years.

When thirteen years of age, he noticed a free discharge of tears over the cheeks during the winter months. In summer he felt very little annoyance. Pressure over the lachrymal sac always caused an evacuation of water and mucus through the canaliculi. The stricture on the left side was complete from the first; but for a period of several years he could by gentle pressure force the tears downwards into the nose on the right side. These symptoms followed close after a cold resulting from exposure during a storm in December, 1869. When this patient first came to me, I slit up both canaliculi of the right side. After allowing a few days to elapse I passed a small probe through the nasal duct of the same side, which, as I previously remarked, was not completely obstructed. I then passed the larger division of Weber's biconical sound forcibly through the constriction, thus establishing a free channel into the nose. Great relief followed this operation; some time subsequently, however, the channel still remaining somewhat impeded, I introduced Stilling's knife, and notched the stricture in three different directions. Strange to say, the patient did not consider either of these operations at all severe, for they are usually very painful. Two days after the cutting operation, he was able to appear in public without any discolouration of the integument or any subsequent discomfort; in fact, the cure of the

stricture was complete and required no further treatment. So much then for the right nasal duct, and now for the left.

During the summer of 1870, the patient, not being troubled, thought little of the stricture of the left side; but the cold winds of winter drove him once more to seek relief in an operation.

This stricture was complete, and the patient felt some slight apprehension of the probing, inasmuch as some years previously an attempt by another surgeon to force a passage had resulted in the formation of an abscess in the lachrymal sac. However a plan of treatment precisely similar to that employed so successfully in the right, was in the left, followed by an equally flattering result. He can now (Dec. 1871) pass hours exposed to the cold winds of a Canadian winter without the slightest lachrymation, and the openings through the once strictured ducts are so free that he can, by closing his nostrils, audibly draw the air downwards through the ducts, or expel it upwards at will.

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.

ADDRESS OF DR. COVERNTON, PRESIDENT.

GENTLEMEN:—You may probably question the necessity or expediency of summoning the Council for the re-consideration of a subject that has already been pronounced upon at the June session, but as the matter in issue was then brought up for debate after several members of the Council had left, and is likely to prove a grave cause of dissension unless some satisfactory adjustment for all the schools can be arrived at, after consultation with my brother colleague—Dr. Hamilton—and other members of the Executive, I thought it better to incur your censure for what, in your judgment, may be viewed as an ill judged and hasty decision, than to have hereafter to reflect that our Medical Bill, which, although of a composite nature, certainly contains a ground of hope for an improved status, both general and professional, had been sacrificed for want of an effort to harmonize discordant views.

There are none present, I apprehend, prepared to maintain that a return to the licensing power formerly possessed by

numerous colleges and schools, would be better than the existing arrangement of a General Council and Board of Examiners, either for the public or the profession; and who would not be willing to exhaust every effort consistent with honor and self-respect, rather than have the present Bill repealed or so changed as to be worthless?

The Legislature of Ontario, reposing confidence in the judgment of the University and Territorial representatives provided in the Act, have deposited the power of governing the profession in their hands, conceiving that they would be alive to its honor, and zealous to promote and direct medical studies according to the advanced state of our science, and meriting by this quality the confidence of the members of the profession.

This high office of controlling the whole body of practitioners and students is now upon trial, and upon your calm and deliberate action, gentlemen, may possibly depend its future measure of power, and the solution of the problem of whether it is possible to steer a straightforward course between Scylla and Charybdis.

Imperfect and objectionable as the Bill by many may be viewed, it has been highly commended by the leading members of the profession in the United States, and an earnest wish has been expressed in the medical journals of various States that a similar Act might be obtained from their Legislatures.

To maintain usefulness and efficiency for the present Bill, it appears to me that the composite nature of our Council should make us pause before acting as the special advocates for this or that party. Of the probable interested nature of an exaggerated advocacy of medical dogmas, the public is so impressed that none but the most violent will bind themselves absolutely to the shibboleth of a party or credit the unconfirmed statements of either side; and if we hope, in time, to abolish the distinctions of practitioners, we must require a uniform education, embracing the several systems of therapeutics. Under the existing system of written and oral examinations only, I can hardly agree with the Editor of the *Lancet*, that we have no right to inquire where a student has obtained his knowledge or concerning the time occupied in acquiring it, as we all know that it is quite possible for a hard-working man by a system of grinding to pass any

examination he may be subjected to; but what guarantee would that test alone afford of the efficiency of the candidate for grappling with the serious responsibilities of practice.

"Segnius irritant animas demissa per aurem."

"Quam quæ sunt oculis subjecta fidelibus."

To dispense with curricula, a far more crucial test must be insisted on; the lax system of two years ago must be replaced by a far more searching one than even the present, and an ordeal similar to that suggested nearly forty years ago by the late eminent surgeon, John Lizars, substituted, viz.,—The chemical examination should take place in the laboratory; the botanical in a botanic garden; the anatomical in the dissecting room; the medical and surgical in the wards of an hospital, the pathological in the museum, and so on, with every subject capable of being submitted to the senses. Such a method would afford the requisite evidence that a period of time longer even than our curriculum involves, had been devoted to the requisition of medical and surgical knowledge, but would prove, by removing all restrictions, highly detrimental to the interests of our universities and schools. After their generous surrender of the right to license, it should surely be the duty of the Council to foster home interests as far as in any way may be compatible with justice to the student, and I trust you may at this meeting be able to agree on such arrangements as will preclude the necessity of an appeal to the Legislature.

The only possible unfavorable comparison that can be drawn between our schools and those of the large cities of the United States and Europe, is, as regards our limited opportunities for clinical teaching. This, I would fain hope, might be remedied by a forcible representation from the Council to the Ontario Parliament, now in session, that any project for reform in teaching to be successful, must be dependent on the endowment of our hospitals, as in them all the accidents and diseases, which it is the glory of our profession to relieve, are accumulated for the purposes of the purest charity, for the enlargement of the domain of science by the best practitioners of the day, and, what is of equal importance to the public, for the instruction and improvement of the students who are afterwards to dispense

their knowledge and skill in a thousand different channels. I conceive that it should be the object of a parliamentary committee to inquire into the present state of the funds of existing hospitals, and on finding—as they unquestionably will—that they are utterly inadequate to the wants of the public and of the schools, to devise some means for supplementing them to the extent required. It should further be a matter for enquiry, whether the profession in the various cities where the hospitals are located, should not have a voice in the appointment of the medical officers, and that these should be employed according to some system of relation for the discharge of their important duties, thus affording an excellent opportunity for giving to the most promising young members of the profession the benefit to be acquired by hospital practice, and opening the road to eminence by allowing unpatronized talent to make its way before the public. Eminent practitioners in advanced life, whose services have been appreciated, who have had their day, should be retained as consulting officers, and as such would do good service after their retirement. Under this improved regime we should have an opportunity of opening wards for the professors of the homœopathic and eclectic doctrines, and of thus affording them the best possible chance for proving their oft-repeated assertions of the superiority of their therapeutics over ours.

Such a concession made freely, and not in the Brabantio style of—

“ We here do give you with all our heart,
Which, but you have already, with all our heart,
We would keep from you.”

would surely be held by the honest believers in these doctrines as a great boon; for as figures cannot lie, they would be thus afforded the opportunity of proving to a mathematical demonstration that, under their treatment, the death rate was less than under the Allopathic.

To place the profession in a position which would render trickery a less tempting adjunct to success in practice, I would even venture to suggest that the system of medical education in the future should be common and compulsory on all; that at every school there should be a teacher of homœopathy and eclecticism, and attendance upon a certain number of lectures on

each of these subjects, necessary for the completion of the curriculum.

The student would then be instructed on the extent to which the presumed general principle of homœopathy, "*Similia similibus curantur*," was to be relied upon.

On the vanishing point of Hahnemann's theory of dynamization—that infinitesimal doses are not only potent, but potent in the ratio of their minuteness; of the period at which, distrusting the *vires medicatrices naturæ* as being equal to the emergency, he should abandon the globules, and by some subtle process of casuistry, which the professor would probably discuss in his lecture, whilst still professing to be treating the patient homœopathically, to adopt allopathic remedies and doses. In eclecticism, I presume, the student would be cautioned against implicit belief in the theories of the Dogmatists. Rationalists, Vitalists, Humoralists, Solidists, Empiricists, Homœopaths, and Chemicists, etc., to hold rather that the entire truth of medicine did not rest in any one of these systems, and that in treating a case, not being able to establish any general rule, they should be guided by fancy or circumstances. Moreover, as in the judgment of the members of this school, our pharmacopœia was not already sufficiently encumbered with remedies, the lecturer would dilate upon the great power and efficacy of the numerous drugs they have introduced to notice.

By some such plan there would result to the future practitioners, with equalization of privileges, an equalization of knowledge of the different systems of therapeutics, and by this courteous concession we should retain in our schools a large number of our young men who go now yearly to the United States for their medical education. I shall almost certainly be met with the question,—

"How can these contrarities agree?"

I think I can best reply with a French proverb,—

"*Les extrêmes se touchent*," further that no time can be more opportune for an impartial consideration of our disagreements than the present crisis, and for an honest endeavour to establish a new and enduring foundation for our College of Physicians and Surgeons, so that the dream of a local habitation, even although it be of far more modest pretensions than the imposing struc-

ture in this city devoted to Themis, may at no distant day be realized with all the advantages of Council Chamber, Library Pathological Museum, and offices for President, Registrar, Secretary, and Treasurer.

By a co-ordination of the schools, all artificial distinctions of practitioners would in a short time be abolished, and we might venture to hope that even in the lifetime of the senior members of this Council the wranglings of school-men would so far have diminished as no longer to afford a resemblance to Hobbes' description of the primitive condition of man, "A congeries of atoms, owning no authority, and engaged in perpetual war."

At the recent meeting of the Executive Committee, the question of the possibility of the Council devising some scheme for remedying the hardships of rejected candidates for the final, having to wait a year before they could present themselves for re-examination, was discussed, and the hope expressed that, by the appointment of a central committee of the Board of Examiners, relief might be granted. There is another subject that I should like to draw the attention of the Council to,—viz., the remission accorded to our graduates at the London College of Surgeons, on presenting themselves for the diploma of that body, of all subjects but Anatomy, Surgery, and Physiology, and I have no doubt that at this meeting the Council will consent to the same remission of subjects to members of the Royal College who, with the intention of making this Colony their permanent home, seek registration in our Ontario College of Physicians and Surgeons. By an unsolicited grant of privileges, equal to those allowed, by this time honored College, upon whose roll of fellows and members the most illustrious names in surgery are recorded, we are certainly more likely to obtain the reciprocity that, we conceive our curriculum and examination entitle us to, than by a determination to place members of British Colleges who have been admitted since the passing of this Act in the same category with students. I have forwarded to the Secretary of the London College of Surgeons, to the Deans of the Universities of Edinburgh, Dublin, Glasgow, Aberdeen, and St. Andrews, our announcement for the Academic year, 1871-72, by which they will perceive that, although in clause 7, section 3, there is a novelty that, to them unacquainted with the position of the pro-

fession in this country, may appear questionable, there remains in the whole character of the curriculum and examination a thoroughness that not only surpasses any test of fitness on this Continent, but may fairly compare with any system of examination in Europe, excepting of course the French mode of "Concours" for the appointment of professors.

With such evidence of care and deliberation displayed by the Educational Committee of this Council, and the notice by the Editor of the *Lancet* in the August number of this year, of the significant fact that neither at the examination held at Kingston, nor at the subsequent one held at Toronto, did a single student claim the privilege of being examined in the last four branches, viz., Materia Medica, Midwifery, Surgery, and Theory, and Practice of Medicine, by either eclectic or homœopathic examiners,—the time, I think, is not far distant when the several colleges of Great Britain will offer complete reciprocity to our Licentiates.

I have received numerous complaints from members of the profession in relation to the inoperativeness of the penal clause in our Medical Act, with requests that at the first meeting of Council I would bring the matter before you for consideration. I am aware that there is a diversity of opinion among the members as regards the expediency of going to the Legislature for any amendments, yet I should be fairly open to censure if I failed to advert to what I am well assured is a general and deeply rooted cause of dissatisfaction.

Dr. Strange has published, in the October number of the *Lancet*, a draft of a Bill to amend the present Act, so as to enable the Council to avoid the expense incurred under the present system of election, and for the purpose of making the penal clause more efficient. If the Council would appoint a committee to report upon it, and either take action or furnish sufficient reasons to the Profession for delay, the members would thus be absolved from the charge of supineness continually made.

As the Legislature is now in session, I consider the moment favorable for again bringing to your notice a subject that some years back, when the Council assembled in Guelph, Dr. Workman most ably commented upon. I refer to the increase of the crime of Criminal Abortion. That more stringent legislative

enactments than any now in force against the sale of noxious drugs are imperatively called for, is sufficiently evident, and unfortunately it is equally evident, from occasional disclosures in the newspapers, that unworthy members of our profession are to be found—let us hope but rarely—capable of lending themselves for reward to the perpetration of such iniquities.

In the nonage of this Council, it seems to me that we are imperatively called upon to exercise all the influence we can bring to bear on the Legislature for the suppression as far as possible, by new enactments, of this foul crime, and not allow our modern *Sponsio* to suffer by comparison with the ancient Hippocratic oath, which reads thus:—"I swear by Apollo the Physician, and Æsculapius, and Hygria, and Panacea, and all the Gods and Goddesses, that I will keep this oath, that with purity and holiness I will pass my life and practise my art, that I will give no deadly medicines to any woman to procure abortion, nor suggest any such counsel."

With such an admirable example set us, by the old Pagan physicians, it is surely incumbent on us who have a higher morality enjoined, than that inspired by Pantheism, to endeavor, with all the influence we may possess individually or as a corporate body, to call the attention of Parliament to this crying evil.

CASE OF RETROFLEXED UTERUS.

BY A. ARMSTRONG, M.D., ARNPRIOR, ONT.

I was called on the 17th of October, to see Mrs. H., æt. about thirty-two years; the mother of three children, who was suffering intense pain in the lumbar and pelvic regions. On my arriving at the bedside of my patient, I at once made an examination *per vaginam*, and found the *os uteri* low down in the vagina, and a tumor in the fornix *vaginæ*, which on careful examination, *pervaginam*, *per anum* and externally, found to be the body and fundus of the uterus. It was firmly packed in the fornix, and against the bowel, causing great tenesmus, and every effort at relieving the bowels increased the pain and bearing down of which she complained so much. She vomited several times before my arrival and also during my visit. Not having micturated since

the evening of the 15th, the bladder was much distended, which increased the difficulty. As I was about to use the catheter, my patient cried out that she wanted to relieve her bowels. She had scarcely uttered the last word when she sprang up in the bed screaming with violent pain. I placed her on her face and knees, passed the index and middle fingers of my right hand into the vagina and attempted to press up the fundus; succeeded in elevating it slightly; but not finding it ascending sufficiently, I at once, with my left hand pressing on her back, passed three fingers of my right hand into the anus, which was somewhat relaxed from diarrhœa, from which she was suffering when this attack came on, and pressing firmly and steadily, I at length succeeded in removing from its impacted state the fundus uteri. Fortunately for the distended bladder the abdominal muscles were then in a flaccid state. She was so sensitive to the slightest touch in the region of the pelvis that she begged of me not to pass the catheter. I gave her half-a-teaspoonful of Tr. Opii., and sat down to watch its effect. I then examined her pulse and found it small, wiry, and about 140; her tongue furred and brown on the sides, red in the centre and tip. Seeing that she yet suffered much, I gave her about 2 grains of Pulv. Opii and as much Hydrarg. Submur, and left five more such powders, to be given every hour or two, as required to relieve pain and tenderness. Also ordered turpentine stupes to be applied to the abdomen and kept there by a bandage, as I still continued to keep her on her face and knees. After remaining for a short time after the administration of the last dose, and seeing her relieved, I directed the attendants to keep her in this position so as to favour the gravitation of the uterus to its normal position, and also to watch her face that she might not smother in the feather pillow. I then left for home, promising to visit my patient the same day. I called again about midday and found she had voided urine to the amount of about three pints, or probably more, and improved generally. Continued powders, and ordered hot hops instead of turpentine stupes. She complained of thirst and was somewhat feverish. I ordered the following mixture:

R.—Spt. Æth. Nit., $\frac{7}{8}$ ss.
 Ext. Buchu fluidi, $\frac{3}{4}$ ii.
 Liq. Am. acet, $\frac{7}{8}$ iv.
 Aqua Camph.ad, $\frac{7}{8}$ viij.—M.

Sig: A tablespoonful every two hours as long as fever lasted.

I may here mention that the retention of the urine was occasioned by the pressure of the womb in its abnormal position against the neck of the bladder, and as soon as the womb regained its normal position the bladder was relieved and its contents emptied.

18th. Improving. She was rather weak after the acute symptoms had subsided, and the uterus being still slightly relaxed, slight leucorrhœal discharge began to make its appearance, the result of the recent endometritis, accompanied by metritis and pelvic cellulitis. I prescribed as follows:

R.—Quinæ Sulph,	gr. xlviij.
Ferri Sulph.,	3 ss.
Syr. Zingib.,	3 j.
Ext. Nuc. Vom. fl.	
Tr. Ergotæ, aa,	3 iss.
Aq. Cinnam., ad	℥ viij.—M.

Sig: A tablespoonfull three times daily.

I also ordered Ol. Ricini to move the bowels.

Previous to this attack my patient was a sufferer from derangement of the liver and stomach (an old dyspeptic), her breath smelling strongly of fœcal matter. She was also Phthisical.

20th. All the symptoms very much improved. From that time she progressed favourably, and is now able to take charge of her household affairs.

As to the cause of her attack, I am inclined to believe it resulted from the above mentioned inflammation, which tended to weaken the uterine muscular fibre and ligaments. The bowels were also inflamed from excessive purging caused by some powders which she had taken "to act on her liver and womb," as she stated, and to bring on her monthly flow." From the appearance of the stools the purgative was rather too much of a drastic nature for her delicate constitution, and, as I stated before, it was during the apparent diarrhœa that remained that she was seized with the attack described. Although I never attended this woman previous to my visit of the 17th, from what she told me of her previous ill health, I am led to believe she was a sufferer from Prolapsus Uteri in a minor degree since the birth of her first child.

RUPTURE OF THE RECTUS FEMORIS MUSCLE.

 BY J. KELLY, J. ADDISON, M.D., FARMERSVILLE.

In my edition of Drutt's Surgery, reference is made, in a marginal note,² to a case of rupture of the rectus femoris muscle, in the Med. Gaz., Oct. 19th, 1841, from which I infer that such accidents are uncommon. In that case the rectus did not unite. Perhaps it will, therefore, not be uninteresting to some of your readers to direct attention to the following:—

H. Alguire, Esq.,¹ of this village, was riding at night over a rough road on a loaded wagon, and the wheels on one side coming in contact with a large stone in the road, he was suddenly and forcibly thrown² from the wagon; and, having attempted to save himself by an effort to alight on his feet, he discovered, on rising from the ground, that he had lost the use of his right leg. I found, on examination, the tendon of the rectus femoris, where it unites with the upper border of the patella, completely separated from its attachment as if cut off with a knife, freely admitting the edge of the hand³ between them.

As I acknowledged myself not very familiar with the best possible method⁴ of treating the case, the patient summoned Dr. Brouse, whom I had not the good fortune to meet, but who left for me a written statement of his method of treatment. I subsequently wrote to Dr. Horatio Yates, of Kingston, on the subject, who promptly gave his views, in his usually kind way. Through the medium of your valuable journal, I now beg leave to state the method I adopted, and its results.

I had in my possession a double inclined plane of home manufacture, hollowed out for the thigh as well as for the leg. The hinge was removed and a straight piece of board was screwed to the bottom of either piece, so as to prevent any motion at the joint. The limb, being placed in it, the foot was bound to the foot-board, which was the fixed point in the apparatus.

At about the middle of the thigh, on the upper edge of the thigh piece, on *either side*, I attached a small piece of tape. Taking a piece of elastic, such as is used for garters, and making it of double thickness by means of a number of stitches at short spaces, to increase the tension, I fastened one end of the elastic

thus doubled, to one piece of tape, and passing it through a loop attached to the edge of the thigh-piece near the knee, to prevent it from slipping, and drawing upon the elastic, I passed it round the lower edge of the patella and through another loop near the knee, and I attached the other end of the elastic to the tape on the opposite side. The elastic thus hugged the lower border of the patella tightly, and carried it upwards, and so continued to approximate the upper part of the bone to the end of the tendon. A strap of adhesive plaster was placed transversely over the patella still further to retain it *in situ*—the limb being bound to the splint by a few bandages and slightly raised above the line of the body.

In the neighborhood of the injury there soon appeared to be a considerable degree of inflammation, eventuating in a diffused, undefined, firm callus, extending between the patella and the end of the tendon.

Mr. Alguire, who is upwards of 60 years of age, remained on his back over ten weeks with the apparatus on the limb as above, before he could be induced to leave his bed, and only then with another smaller straight splint at the back of the limb. This splint being finally removed, at the end of three months he commenced walking with the assistance of a staff,—having a considerable halt in his gait; but, being careful not to expose himself to the chances of undue exertion, now, at the expiration of little over a year, having thrown away his staff, he walks with a very slight,—I had almost said, imperceptible, halt.

REPORTS OF SOCIETIES.

MEDICAL MUTUAL IMPROVEMENT SOCIETY.

St. Catharines, Tuesday, June 13th, 1871.

Dr. Mack enquired if a remarkable form of aphasia had been observed in patients under the influence of hydrate of chloral. Dr. Oille had observed that effect.

Dr. Comfort also spoke of the marked difference upon the sensorium of the action of that drug from the various narcotics—especially opium.

Dr. Sullivan asked if the other members agreed with him in doubting the occurrence of vaccino-syphilis. He had seen very grave symptoms produced from vaccination, accidentally, with the "grease" from horses, and from a diseased condition existing in an active form in the animal from which the virus is obtained; but he did not believe that constitutional specific disease could be so propagated when in an inactive state.

He considered recourse to bovine vaccination, after the transmission of the virus, a limited number of times, and when vaccination with good lymph or crust had failed, very advisable. Dr. Comfort was of the opinion that specific disease could be propagated from the use of vaccine virus.

Dr. Oille reported a successful case of acute rheumatism treated with Actæa.

PERI-UTERINE ABSCESS.

Dr. Mack remarked that he had found the Abscesses, usually called "pelvic" or "iliac," the most frequent in occurrence, the most important to diagnose, and the most necessary to be well understood of any purulent collections within the abdomen—a region where all suppurations are of peculiar significance. He spoke now of Abscesses which form in connection with the uterus and its appendages, both in the puerperal and non-puerperal states.

In the latter the collection seeks an outlet more usually *per vaginam aut rectum*, and should have as early relief, by surgical means, as possible. In the former it may point, if externally, below Poupart's ligament, or higher up in the iliac region, or in front above the pubis, or into the perineal region.

Internally, it fortunately seldom happens to burst into the peritoneum, but seeks an exit as above stated—through the vagina, rectum, bladder, or colon. Of all modes of discharge he believed *per vaginam* to be the most favorable, and when the exploring trocar shows that it can be reached from the outlet, aspiration, or some contrivance of that nature, should at once be made use of to suck it out. If it forms again the cavity should be carefully washed out (after previously enlarging the opening by dilating with a proper forceps, or sponge tent if necessary) with a weak solution of carbolic acid.

The same mode of procedure was advisable when the drain was not practicable *per vaginam*, but still within reach. There is no Abscess requiring to be opened more promptly than these peri-uterine ones. Dr. M. had early seen the necessity of this, when called in consultation to a puerperal case when fistulous openings had formed in the perinæum and vagina, and ultimately into the bowel, terminating, after six months of great suffering, in death. There is a suppurative constitution which must often have fallen under the notice of the gentlemen present, generally occurring in the strumous habit; such patients are liable to pelvic Abscess, and generally do well if the Abscesses be promptly opened.

The subject could not be fully entered into separately from pelvic cellulitis, in connection with which he hoped at an early date to bring it again under the notice of this society.

Dr. Sullivan then read the following reports of the clinical observation of the disease occurring in his own practice:—

“I propose laying before the meeting the report of a couple of cases of pelvic Abscess, which lately came under my observation, and in which I had the good fortune to be associated with two of the gentlemen present.

Pelvic abscess is most important to the diagnostician. 1stly, on account of its insidious approach and progress, frequently escaping diagnosis until it has produced serious constitutional results and pathological changes. 2ndly, In its return again, after its apparent cure, to exhaust still more the strength of the unhappy patient who, after months of suffering, congratulated herself on the prospect of an uninterrupted, if not speedy convalescence.

3rdly. The inadequacy of remedies to palliate until nature in her tardy progress gives relief by elimination, the exhausted patience of friends and doctor, and the possible termination of the case from exhaustion, or some untoward complication.

The essence or predisposing cause, seems to be due to an unhealthy condition of the blood, as erysipelas and effusion of fibrin or other morbid products into the cellular tissue surrounding the uterus and ovaries, excited by some local irritation, such as the puerperal state, or injury to the pelvic organs.

Bernects and Goupil state that it is a common disease, and may

be produced by menstrual derangements, blennorrhagia, etc., and they state that the effusion is owing to pelvic-peritonitis.

Dr. G. Hewitt considers it due to subperitoneal effusion, although the peritoneal substance may be affected.

Dr. West calls it "acute purulent œdema."

Virchow styles it, diffuse puerperal metritis and peri-metritis.

Dr. Churchill is of opinion that inflammation of the uterine appendages is generally combined with more or less inflammation of the peritoneal sac.

The experiments of König are interesting, as they tend to show the probable course of the effusion, and account for the tedious character of the disease; he injected the cellular tissue after death in labour, and found that air or water travels along the psoas and iliacus into the pelvis proper, and starting from the antero-lateral portion of the cellular tissue where the body joins the cervix uteri, fills the tissue of the lower pelvis laterally to the uterus and bladder, and along the round ligament to Poupert's ligament, thence backwards and outwards to the iliac fossa, from the posterior part of the base of the lateral ligament; the part first filled is the fossa of Douglas, thence it may pass in front of the bladder, and extend upwards between the peritoneum and abdominal fascia. The following case is quite typical and had an erysipelatous origin as proved by the development of erysipelas in the child.

I attended Mrs. W. æt. 38, in her seventh confinement, on Nov. 2, 1870. She had a natural labour of three hours duration. On the night of the 3rd, she was attacked with severe rigors, great pain in the lower part of the abdomen, quick pulse and irritative fever. Applied warm fomentations to restore suppressed lochia, and allay pain, prescribed Pulv. Doveri gr. viij Ant. Tart. gr. $\frac{1}{2}$ every four hours. Next day lochia had returned slightly, pain was relieved; prescribed a mild purgative to be followed by Quinia Disulph. She convalesced rapidly, and I did not again see her until the 27th, when I was called to treat the infant for phlegmonous erysipelas of the face and arm; I prescribed Sol: Ferri. to child as a local application, and I ordered quinine for the mother with Tr: Ferri. On Dec. 1st, I lanced the child's arm which discharged pus freely. The mother attended but did not suckle the infant; she looked pale and worn, and

complained of dorsal pain, and soreness over the abdomen; rest was enjoined, and ordered Sol. Amm. Mur. and Tr. Hyoseyamus, warm fomentations to abdomen, Morphia Sulph. at bed time. I again saw her about the 28th Jan. she complained of great pain in the right iliac region; appetite very bad; hectic symptoms; weak, rapid pulse; attributed her rigors to ague, insomania and night sweats. On examination a hard circumscribed tumor could be detected in the right iliac region intensely painful, and as hard as a stone; no heat of vagina; can move the uterus without causing pain; micturition frequent; bowels regular; no drawing up or pain of affected side. Ordered warm fomentations; poultices of slippery elm; warm water enemata and warm vaginal injections of infusion of slippery elm, quinine, generous diet, and stimulants. This state continued till Feb. 12, when in consultation with Dr. Goodman, who coincided in the opinion that a pelvic abscess had formed, an early opening was decided upon, Sulpho-carbolate of quinine with decoction of cinchona were prescribed, and enemata of cod liver oil, and a blister over the tumour. On the 29th Feb., a subcutaneous incision near Poupart's ligament was followed by the discharge of about 6 oz. of healthy pus, with the subsequent drainage of about 2 oz. of pus into the poultices; the abdomen was bandaged, and poultices of slippery elm persevered with, and she improved until about March 15th, when a return of the symptoms took place. The abscess was again opened with a trocar near the first incision, and the contents were well pumped out with an exhausting syringe. From this time she convalesced slowly, and on the 3rd of April, her recovery was complete. I would remark that in this case, chloral in doses of 30 grains proved ineffectual as a hypnotic.

Mrs. C., mother of 6 children, enjoyed good health until three or four days prior to January 31st, 1871. Complained of nausea, want of appetite, pain in the back, bearing-down, difficult micturition, bowels costive, tongue furred, slight fever, pulse 85 and weak.

On a vaginal examination I discovered a tumour in the recto-vaginal fossa; posterior wall of vagina depressed and thrown into rugæ; anterior wall drawn backwards; os uteri thrown up; uterine canal directed forward; bladder slightly distended; could be felt above the symphysis pubis. On examination per

rectum, found a soft doughy tumor. Administered castor oil and an enema of soap and water, which produced copious alvine evacuations. She objected to catheterism, and as she stated that she made a sufficiency of urine, I did not press the matter, but proceeded to reduce what I supposed to be a retroverted uterus by the usual manœuvres; not succeeding I proposed consultation with Dr. Mack.

The following morning, in consultation with Dr. Mack, Mrs. C., after evacuation of the bladder and rectum, was placed under the influence of a mixture of ether and chloroform, and having placed her with her hips at the edge of the bed, in the lithotomy position, the os uteri was seized with a single toothed forceps and drawn downwards, while firm pressure was made upwards per rectum. No change occurring in the state of affairs, the uterine sound was introduced, and the question of pregnancy being decided in the negative, it was concluded to open into the tumor per vaginam with a trocar. As the patient was very intractable this operation was postponed until the following day.

On the following morning Dr. Mack introduced an exploring trocar and found the tumor to be pus. A trocar and canula with stopcock, used for evacuating the pleura in hydrothorax and empyema, was then plunged into the mass *per vaginam*; the exhausting syringe having been attached, about a pint of pus was drawn off. Vaginal injections daily were directed, and pills of Sulpho-carbolate of Quinine were prescribed.

No further surgical interference was found necessary, and in about three weeks she was convalescent.

IMPROVED HYPODERMIC SYRINGE.

* * * There are four circumstances which are of the utmost importance for the successful employment of hypodermic medication. They are as follows:

- 1st. The quantity of fluid injected,
- 2d. The degree of the acidity of the solution,
- 3d. The kind of needle employed; and,
- 4th. The size of the syringe, and the method of manipulation.

Prominent among the circumstances which concur to bring about unfavorable results must be mentioned *a solution that is too dilute*. The injurious effects which result from this cause are chiefly due to the mechanical distension of a large quantity of liquid. This, by rupturing the smaller blood-vessels, permits subcutaneous extravasations of blood, and, by separating a large surface of cellular tissue, and exposing it to the action of a foreign fluid, furnishes conditions admirably adapted to induce inflammatory action.

Another circumstance—one more potent for evil than the former—is *a solution too strongly acid*. I formerly used a solution of strychnia, made with dilute phosphoric acid, as being much better than one made with sulphuric acid. It is certainly true that a smaller quantity of the former is as effectual as a larger amount of the latter, yet I have latterly discarded all solutions in which a mineral acid is used as a solvent, and now employ one made with acetic acid. This, being an organic acid, does not seem so irritating to the tissues in which it is thrown, while its solvent power is certainly as great as that of either of the others.

The *kind of needle used* is also of great importance. Judging from analogy, we should be inclined to think that the nature of the materials entering into the composition of the needle would be of interest when the subject of the causation of abscesses is under consideration. The liability of all steel instruments to become tainted and poisoned from long usage is a fact well known to surgeons and instrument-makers. * * * No amount of attention on the part of the physician will enable him to keep a steel needle bright, clean, and in good condition when the solution he uses has an acid reaction. The inside will be corroded in all cases, and sooner or later the outside will get into the same state. The material possessing the greatest advantage of which it is possible to make a needle is gold. This metal, as is well known, is admirably adapted to withstand the influence of both strong and weak acids, and never corrodes. It is, therefore, entirely free from the danger of becoming poisoned, and thereby producing abscesses.

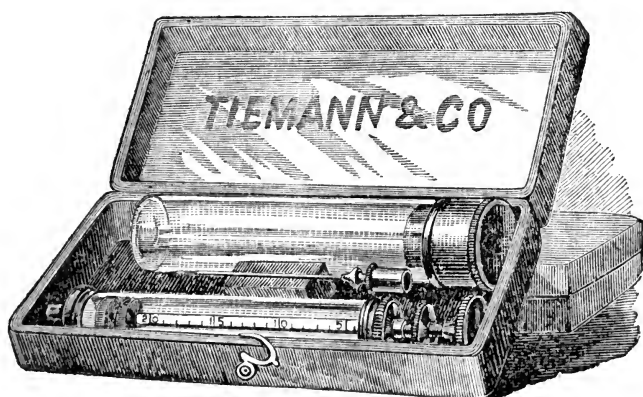
Of fully as much importance as any of the points mentioned is *the size of the syringe and the method of manipulation in*

performing the operation of injecting the solution. The syringe should be so small that, when charged with the liquid to be injected, and armed with the needle, the end of the piston can rest against the hypothenar eminence of the right hand, while the extremity of the needle should project about half an inch from between the ends of the first and second fingers, in which position it can be retained by a moderate pressure with the thumb.

The syringe, properly prepared, being held in this position, the operator with the thumb and forefinger of his left hand, pinches up a fold of skin over the pronator muscles of the forearm of either side of the patient, places the point of the needle against the loose end of the skin so elevated at a distance of half an inch or so from the fingers holding it, and then, with a quick shove, forces the needle through the integument, and by partially closing his hand drives the piston home, evacuates the contents of the syringe into the subcutaneous cellular tissue, and at once withdraws the needle. By this method of manipulating the syringe, the operation can be performed in less than five seconds, and is almost absolutely painless. I have in this manner occasionally injected strychnia into the arm of a child without arousing it from its sleep. The hypodermic syringes in general use are bulky, hard to manage, imperfectly constructed, and entirely unfitted for the employment of strong solutions of any remedy, and especially so of strychnia. It is impossible to hold them in the manner above described; and, when not so held, it is necessary to retain the cylinder in one hand after the needle is inserted, while the other manipulates the piston—a measure that is always attended with more or less movement of the point of the needle, and consequently with a greater or less disturbance of the cellular tissue—a very efficient means of producing abscesses.

During the past four years I have been using a single syringe—one manufactured by Luer, of Paris—which, notwithstanding some minor inconveniences, was, until lately, the best instrument I ever saw. Some time since, at my request, Mr. Stohlman, after several fruitless endeavors, finally produced an instrument which I must say I consider faultless. The cylinder is so constructed as to contain twenty minims; the handle of the

piston is so graduated that as small a quantity as one-eighth of a minim can be injected at a single sitting. This is accomplished by a guard which can be fixed at any distance from the extremity of the piston-rod; and, as the graduation enables us to divide a minim into eight parts, this apparently infinitesimal amount can be thrown into the cellular tissue with absolute accuracy. The case enclosing the syringe likewise contains two gold (14 carats) needles, a small bottle with a glass stopper (retained by a metallic shield), and a small wire. The latter is for the purpose of keeping the needles clean, while the bottle is designed to contain the solution of strychnia. The case containing these articles (as can be seen by the wood-cut showing its actual size) is so small that it can be carried in the vest-pocket of the physician.



The solution of strychnia, which my experience has taught me to consider best, is one containing a grain of the drug to one drachm of water, the solution being effected by the addition of a small quantity of dilute acetic acid. The following is the formula which I have furnished Mr. Mittendorf, the pharmacist (Twenty-first Street and Fourth Avenue), who for the past few years has supplied me with the solution that I have employed in my private practice:

R.	Strychniæ sulph.,	grs. j.
	Acid. acet. dil.,	℥ j.
	Aquæ ad	3 j.
S.	Ft. sol.	

This formula will be found especially convenient by those who supply themselves with the above case. The quantity called for by the above prescription will just fill the bottle which it contains, while the strength of the solution is well adapted to the subdivisions of the syringe. Thus, one minim of the liquid contains one-sixtieth of a grain—the usual dose with which it is customary to commence the treatment of any case of paralysis. Should it seem desirable to begin with a smaller quantity (and this is frequently the case), as minute a dose as the four-hundred-and-eightieth part of a grain—equivalent to one-eighth of a minim—can be employed. This is accomplished by the means we have already alluded to in describing the syringe.

We have known some confusion caused by inattention to one little precaution on the part of the operator, which should always be attended to before injecting any substance whatever—that is, to be careful that there is no *air* in the barrel of the syringe at the time the puncture is made. Should there be, the physician is compelled either to withdraw the needle and expel it—which is looked upon as an awkward procedure by the patient—or to go ahead and inject it into the cellular tissue—an act which is not entirely free from danger. The necessity for either procedure can be obviated by a little care on the part of the physician.

Prior to puncturing the skin, let the physician reverse the syringe (with the needle in place), and while the needle is directed upwards, press gently upon the piston until all the bubbles of air have passed out of the needle, and a steady, clear stream emerges from its point. Then reversing the instrument again, the absence of bubbles at the transparent portion of the cylinder will show that all the air has been expelled. The guard can then be brought to the proper position, the needle inserted, and the injection made without the remotest possibility of anything but the specified amount of liquid passing beneath the skin. After the needle is brought out, the guard should be screwed back, and the remaining liquid in the cylinder forced through the needle for the purpose of cleaning it.—*Reuben A. Vance, in the Medical World, October.*

IODOFORM AND IRON IN THE TREATMENT OF NEURALGIA.

* * * The attention of the physician has been repeatedly called to the combination heading this article as being, in a marked degree, a most appropriate remedy in the treatment of neuralgia, and the following case is presented as an additional incentive to its more extended use.

In March, 1870, I was called to attend Mrs. J. T., æt. 59 years; found her extremely prostrated, the pulse frequent, the whole surface of the body bathed in cold perspiration. She was unable to speak, had her right hand resting on her head, and seemed to be suffering intense pain; constitutional condition, nervous and anæmic. I ordered morphia sulphas, gr. $\frac{1}{4}$, at once, to be followed by smaller doses at necessary intervals, with sinapisms to the nape of the neck. In the morning following I found relief had been obtained through this treatment.

On further investigation of my patient, and the history of her disease, I found that she had been suffering from what she had been told were bilious headaches for the previous ten years, and that, under this diagnosis, she had been attended by many physicians. The attacks had been intermittent, the paroxysms returning two or three times weekly, and sometimes remittent, to the extent that one attack was not past before a fresh one commenced. She was unable to attend to her regular household affairs. I informed her at my second visit that her disease was neuralgia, and *not* bilious headache; (I considered it neuralgia of the head, particularly affecting the right infra orbital nerve,) and, further, that I thought I could make a permanent cure for her. I was answered that she had already spent so much money for medicines, that she thought there was no remedy to meet her case, and only wished that she might die. Repeating my assertions, she concluded that, her family consenting, she would give me a trial. I at once ordered the Pil. Iodoform et Ferri, manufactured by Wm. R. Warner, & Co., Philadelphia.* Before she had taken one hundred of the pills she experienced such relief as to convince her that a remedy *had* been found suitable

* This preparation may be had of Kerry Brothers and Crathern, Montreal, should any of our readers wish to try it.—[Ed.]

to her case. I advised her to take two hundred of the pills, which she complied with, on my assuring her in so doing she would prevent all future attacks. It is now more than a year since and she has remained entirely well, and fully able to attend to all her household duties. * * *—(*A. G. Coleman in the Leavenworth Medical Journal.*)

REMOVAL OF BOTH SUPERIOR MAXILLARY BONES.

The subject of the operation was Andrew Mayhew, coloured, 36 years of age, formerly of Clarksville, Tenn.

In 1854, he received a blow upon the left superior maxilla, which caused a fracture; necrosis resulted and many pieces of bone were discharged from near the outer canthus of the eye. In 1856 a tumor as large as a hen's egg appeared in hard palate, which was cut out by Dr. McKinney, of Clarksville. In 1861 a tumor of the size "of a walnut" was observed directly under the malar bone; in five years it had increased to the size of a "hen's egg." One day, whilst working, he was struck by a barrel directly upon the tumour, which was followed by great suffering, lasting five weeks, then there was noticed a swelling of the roof of the mouth, which gradually increased. In October, 1870, I had the photographs taken which I now exhibit. The whole of the left maxilla was involved, and in the right anterior nares was noticed a large development.

October 26. After etherizing the patient, I made an incision from the inner angle of the eye down to the ala of the nose and along the upper lip to its centre, and down through its margin, reflecting the flap outwardly; then I passed a saw through what remained of the alveolus at the point of the left central incisor; the mass was seized and depressed into the mouth and enucleated. I then attempted to enucleate from the antrum of the right side the remaining portion of the tumor; this resulted in removing the larger portion of the maxilla, as the walls of this bone had almost entirely disappeared, there being only a thin wall of the alveolus remaining, two molar teeth remained in the deossified alveolus, which dropped down the throat, nearly producing strangulation; I seized the inner angle

and stitched it up to a portion of the membrane from which the tumor of the right side was detached. The integument was united with the interrupted suture.

There was considerable hemorrhage, which was controlled with ice and iced water. After the patient was removed to his bed, there was still too much oozing of blood. To stop it, iced water was injected, and a bladder containing pounded ice was applied over the left side of the face. After two hours there was no bleeding. Morp. sul., $\frac{1}{4}$ grain; ammonia carb., 5 grains; whiskey, $\frac{1}{2}$ oz., was given every two hours. At 8 p.m. morphia was omitted, and the carbonate of ammonia and whiskey continued every four hours.

27th, 7 a.m. Has slept much, no pain, pulse 100, bowels freely moved spontaneously, copious discharge of a ropy mucus tinged with blood.

6 p.m. No change of condition since morning. Beef essence and the whiskey have been administered by a syringe with a long nozzle carrying the fluid back into the fauces.

18th, 7 a.m. Has slept well, the discharges are offensive, and the following is ordered:

R. Liquor sodæ cholraint, $\frac{1}{2}$ oz. Aquæ distillat, 8 oz.; to be used freely in washing the cavity.

November 1. The conditions all favourable.

November 2. Considerable febrile excitement. Bowels confined.

R. Fl. Extr. Sennæ, 1 drachm every four hours until effective. Also,

R. Potass. Chlor., 3 j.

Quiniæ Sulph., grs. xvj.

Tinct. ferri Mur., 3 ij.

Aqua font.

Syrup Simp., aa 5 ij. M.

Sig., 2 drachms three times a day.

November 4. Patient much improved; stitches removed from wound; adhered by first intention.

8th. Condition excellent. From this time there was a steady improvement until November 23rd, when the patient was discharged.

I am indebted to J. M. McCormick, M.D., resident physician

of Cincinnati Hospital, for the care of the patient and the record of the case. You will notice that the patient, whom I now present to you, is but slightly disfigured. The malar bones and the nasal bones are all preserved, as also the soft palate with a large portion of the covering of the hard palate. There is but a small hole in the roof of the mouth. This serves for a fixed point for the plate of teeth, which Dr. J. Taylor, a young and promising dentist of this city, has provided for the unfortunate man. On the upper plane of this plate is attached a piece of vulcanite, curved so as to hook into the orifice in the root of the mouth.

There is no evidence of a malignant character in the tumor.

The patient is entirely well, August, 1871.—(W. H. Mussey, M.D., in *Lancet and Observer*.

SOME CASES OF PENETRATING WOUNDS OF THE CHEST TREATED BY HERMETICALLY CLOSING.

A more specific report of the following cases, was furnished the Surgeon General as material for the medical history of the late war, but as the publication of that history is so long delayed, perhaps, as repeatedly suggested to me by medical men, the tabulated facts are of sufficient importance to merit publication.

It may be generally remembered that during the late civil war, Dr. B. Howard, Assistant Surgeon, U. S. A., recommended the revival of an old method of treating penetrating wounds of the chest by hermetically sealing them. At the battle of Gettysburg, July, 1863, he obtained permission of the medical director of the 5th Corps to have such cases turned over to him for treatment, and about twenty were so treated. His method of operating was, simply to convert the ragged wound into a clean, fresh, elliptical incision by paring the edges of the wound, closing the incision by deep, close, metallic sutures, cut short and covered by fine lint and collodion.

Dr. Howard, in a paper published about the close of the war, claimed for this treatment a greater success than for the ordinary treatment; stating substantially that the results of hemorrhage and suppuration would be removed by expectoration and absorption.

As the result of these cases is unfavourable to Dr. Howard's claims, I am sorry that I cannot find his paper and quote from it literally, though as only a statement of facts is intended here, and not a discussion of theories, no injustice will be done him.

I may remark that the Surgeon General, in acknowledging the reception of the report, stated that "many facts at variance with the conclusions of Dr. Howard in relation to penetrating wounds of the chest, have already been reported to this office."

It was the opinion of most of the medical men in the corps, whose opinions I heard at the time, that the theory was not sound, and that the practice indiscriminately applied would be no improvement over the old method of simple water dressings, leaving the wound open, and the result of these cases would seem to justify such opinions.

It is but fair to state that some of these cases were very unpromising at the time of the operation, being greatly depressed from shock, hemorrhage, and impaired respiration. Also, that Dr. Howard's plan contemplated immediate operations, while some of these had been wounded twenty-four hours; though I think their condition would average as good as that of the whole number of that class of wounded resulting from the battle.

I was present and assisted in a number of these operations, and received from Dr. Howard, when he moved on with the army, July 5th, a list of fourteen cases, which he requested me to look after. As they were in different hospitals, I only saw a part of them daily, but heard from others while they lived, and collected the results given below from the records of the general hospital and medical director at Gettysburg in October, 1863.

In addition to this list of fourteen cases, the names of three others were found, who were known to have been thus treated, and another of whom it was not positive, but all the information obtainable rendered it probable that he had been so treated, making eighteen in all, of whom thirteen were known to have died within one month, and seven of these within from one to four days after the operation. The names of two could not be found on the register; one was recorded as "gun shot wound of shoulder" and "sent to General Hospital July 9th"; and another as "sent to General Hospital July 24th"—both dates prior to the reception of patients at the General Hospital at Gettysburg,

so that they must have been sent to some more distant hospital. I have tried to get further information of these four men, but thus far in vain; while the only one of the eighteen known to be living on the first of September, two months after the battle, was L. G. Bradley, corporal Co. B, 136th N. Y. Vols., of whom the Adjutant General of N. Y. wrote me that he was discharged in August, 1863.

Thus excluding one sent to General Hospital and not heard from, two not on register, and one registered "gun shot wound of shoulder," there would be fourteen left, of whom thirteen died; and including those four very doubtful cases, it still leaves a mortality of over 75 per cent.; while of about *seventy* cases of penetrating wounds of chest (the whole number made during the battle, and including prisoners), about forty were living on September 1st, while the thirty deaths included Dr. Howard's fatal cases.

Taking out his eighteen cases would leave *fifty-two* cases and *twelve* deaths, or about 25 per cent. mortality for the ordinary treatment. It is also worthy of remark, that in all of these cases that lived beyond one or two days, the wounds became open and suppurating, and could hardly have been benefitted by being temporarily closed. A very full and fair consideration of this plan of treatment, and of the limited classes of cases in which it may be applicable, will be found in Dr. Frank Hamilton's work on Military Surgery. Dr. Hamilton thinks the error is in applying it indiscriminately in all cases. Also may be found in the Medical Record, Vol. iv., p. 412, an interesting report by Dr. A. H. Smith, of N. Y., of a case or cases of collapse of lungs from gun shot wounds, recommending hermetical closing of the wound in such case, but without reference to Dr. Howard's theory or plan of treatment.—(W. F. BREakey, M.D., in *Michigan Medical Journal*.)

PERSONAL.—Dr. Daniel Sinclair, of London, Ont., a graduate of the Victoria Medical School, has just returned, after completing a course of study at St. Thomas's Hospital, London, Eng., and at his final examination at the Royal College of Surgeons, passed with credit, obtaining his diploma of M.R.C.S.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, JANUARY 1, 1871.

COLLEGE OF PHYSICIANS AND SURGEONS.

SPECIAL MEETING.

The Council met on the 13th ult. and remained in session two days. The President, Dr. Covernton, delivered an address which will be found in another column. He explained the object of the present meeting, which was called to reconsider the resolution brought forward by Dr. Campbell at the close of the last meeting in June, and also in view of the attitude of Dr. Campbell as expressed in a circular addressed to members of the Council, and published in the November number of the *Lancet*.

Drs. Dewar and Berryman objected to the legality of the summons calling the meeting, because it was convened by Dr. Covernton, whose position in Trinity College deprived him of his seat as representative of the Gore and Thames division.

After a short discussion of the subject, Dr. Covernton formally tendered his resignation as president of the Council, which was accepted.

Dr. Clarke was then elected to the chair, and briefly thanked the meeting for his election as President.

Dr. Aikins moved a vote of thanks to Dr. Covernton, late President of the Council, which was carried unanimously.

The Council then proceeded with the transaction of the business for which they had been called together.

Dr. Campbell moved for leave to read his By-law, which was granted, and the By-law was read accordingly. The By-law read as follows:—

“By-law to amend the Regulations for Examination of the pupils of the Homœopathic and Eclectic Members of the College of Physicians and Surgeons of Ontario.

“Whereas it is expedient to alter the regulations under which certain candidates are admitted to examination; Be it enacted, that:

“Until such time as there shall be established in Ontario, colleges, or professorships in existing colleges, where medical science shall be taught according to the doctrines and teachings of the Homœopathic and Eclectic systems of medicine, and approved of by a majority of the representatives in council of these schools respectively, the following regulations for the examination of pupils of Homœopathic and Eclectic members of the College of Physicians and Surgeons of Ontario shall be substituted for those now in force:—

“All students of medicine who have pursued their studies under the direction of one or more of the Homœopathic and Eclectic members of the College of Physicians and Surgeons of Ontario, before proceeding to their final examination, shall be obliged to show:

“1. That they have been engaged in the study of medicine, as above stated, for four full years, under the direction of one or more of the Homœopathic or Eclectic members of the College;

“2. That they have passed the Matriculation Examination prescribed by the Council; and all those candidates whose medical studies shall commence after the first day of January, 1872, shall be obliged to show that they have studied medicine for four full years after passing their Matriculation Examination.

“3. That they have completed the curriculum of study; that they have attended the prescribed period at one or more hospitals; and been personally present at not less than six cases of midwifery.

“4. That they have attended in three separate years not less than three full winter courses of lectures, at one or more of the recognized Medical Schools of Ontario, or at one or more of the following Medical Schools in the United States: The Cleve-

land Hospital College, the New York Homœopathic Medical College, the Chicago Hahneman Medical College, the Bennett College of Chicago, the Eclectic Medical College of New York City, or the Eclectic Medical Institute of Cincinnati.

"5. That in all other respects they have complied in full with all the requirements of the Council as to fees, etc., and that they possess all the other necessary qualifications for examination.

"Nothing in this By-law shall be held to prevent any candidate from claiming a special examination upon the subjects reserved by the Council if he shall so desire it.

"All regulations inconsistent with the above By-law are hereby repealed."

Dr. Berryman moved an amendment, which was seconded by Dr. Mostyn, "That the By-law be not received." Lost.

It was then moved by Dr. Campbell, seconded by Dr. Bethune, that the bill be read a second time and referred to a committee of the whole—Dr. Hyde in the chair.

After a long discussion which lasted the afternoon of the first day and the forenoon of the second, during which the whole thing was withdrawn clause by clause, the following motion was carried :

Dr. Edwards, seconded by Dr. Hall, moved the following amendment:—"That graduates in medicine, or students from any college in the United States recognized by this Council, shall be admitted for primary or final examination upon passing the Matriculation examination established by this Council, and showing that they have attended one full course of lectures in one of the Medical Schools in the Dominion of Canada, and upon giving proof that they have been engaged in the study of medicine for not less than four continuous years, and that they have attended medical lectures for not less than three full winter sessions, and that they have fulfilled all other requirements laid down in the curriculum of the College of Physicians and Surgeons of Ontario."

Upon this resolution was based the following By-law—

Whereas, it is expedient to amend the By-law regulating the curriculum of candidates for examination before the Board of Examiners. Be it therefore enacted,

That clause 12 in section 2 of the By-law regulating the

curriculum of studies, be hereby repealed and the following substituted:—

1. All students from recognized Colleges outside the Provinces of Ontario and Quebec, who desire to qualify themselves for registration in this Province, shall pass the matriculation examination established by the Council, and attend thereafter one full winter course of lectures in some of the Ontario Medical Schools and such other course or courses as may be necessary to complete the curriculum and pass the primary and final examinations before the Board.

2. All graduates from recognized Colleges outside the Provinces of Ontario and Quebec, who desire to qualify for registration in this Province, shall matriculate, attend one full winter course of lectures in Ontario, and such other course or courses as may be necessary to complete the curriculum and pass the primary and final examinations before the Board.

3. Nothing in the two preceding clauses shall exempt residents of Ontario, who after this date elect to pursue their studies outside of the Provinces of Ontario and Quebec from passing four years in pursuit of Medical studies after matriculation in this Province before the examiner of the Council."

This By-law having passed the Council, a committee was appointed to draft amendments to the Medical Act, and the Council adjourned.

DR. STOKES IN TROUBLE.

At the trial of Kelly for the murder of Police Constable Talbot of Dublin, the counsel for the criminal raised the question of improper treatment on the part of Dr. Stokes and the surgeon in attendance with him in their efforts to extract the bullet. The only hope of the defence was to discredit Dr. Stokes surgery and make it appear to the jury that the effort of the surgeons to extract the bullet was the immediate cause of death. This is certainly a new feature in legal metaphysics, and had it succeeded would have placed medical men in a rather peculiar position.

In reference to the above the *Medical Press and Circular*

publishes the following important document, which was drawn up in the house of Sir James Paget, Bart.:—"The undersigned, having carefully considered the evidence in the recent trial for the murder of police-constable Talbot, and believing that certain statements made during the trial are likely to affect very injuriously the professional reputation of Mr. William Stokes and the surgeons who acted with him, desire to record their opinion that the bullet-wound in the neck of police-constable Talbot was the direct and sole cause of his death, and that no blame can be justly assigned to any of those by whom the wound was treated.—Cæsar H. Hawkins, William Ferguson, T. B. Curling, James Paget, Prescott Hewitt, J. Ashton Bostock, John Eric Erichsen, John Birkett, George Pollock."

In reply to this a Dublin Surgeon writes to the *Irish Times* to say that he regards the recent manifesto of Sir James Paget and his *confrères* "as an assumption of superiority on the part of the London profession which, though kindly meant, is yet uncalled for."—[The old story over again.]

ILLNESS OF THE PRINCE OF WALES.

We are happy to be able to announce that His Royal Highness is making satisfactory progress towards convalescence. He has passed through what may be called a sharp attack of typhoid or enteric fever, and at one time his life was despaired of, owing to some untoward complications, which were said to have arisen. He is supposed to have contracted the disease during a visit to Lord Londesborough, at his seat, at Scarborough. Nearly every member of the party who visited there at that time suffered from more or less constitutional disturbance; and Lord Chesterfield, who was one of the party, was seized shortly after his return home, and four days subsequent to the date upon which His Royal Highness the Prince of Wales was taken ill, and has since died.

Enteric fever is generally supposed to be caused by the inhalation of the miasm of decomposing animal matter, such as sewer gas, or the pollution of drinking water by infiltration of such matters. Hence, it was naturally supposed, that there was

some defect in the drainage, or pollution of the water in the house of Lord Londesborough. It appears, however, that every precaution had been taken to guard against anything of this kind. The water supply, which is that of the town, is said to be most excellent; and the sewers had been purposely examined, and thoroughly flushed. Although there were no cases of enteric fever in Scarborough lately, several cases had occurred during the summer, and it is also stated that this fever is prevailing at present in many parts of England. Another circumstance of peculiar importance is, that since the Prince was taken ill, one of the grooms, at the Sandringham stables, who did not go to Scarborough, has sickened and died of the fever. No doubt the fullest enquiry will be made, and every possible source of contagion both at Scarborough and Sandringham removed.

It has been supposed, by eminent authorities, that want of proper ventilation of the drain was the real cause; foul gases being allowed to accumulate underneath the building. This is a matter for the careful consideration of the committee, and one worthy the attention of authorities on sanitary matters generally.

His Royal Highness was most assiduously attended during his illness by Dr. Jenner and Dr. Gull, and rumor has it that the former is to be made a baronet, and the latter is to receive the honor of knighthood. We would be glad to see the services of these gentlemen recognized, and we feel certain, that such honors as above mentioned could not be bestowed more deservedly.

CASTOR OIL EMULSION.—We beg leave to call the attention of the profession to this preparation of castor oil, manufactured by Messrs. Archdale, Wilson & Co., Hamilton. It is undoubtedly the best effort to disguise the taste and smell of this most unpleasant substance that we have seen. The proprietors state that it is simply the finest Italian castor oil, so prepared that the smell and taste are both thoroughly disguised. Many of the Physicians in Toronto and Hamilton have prescribed it and they speak of it in the highest terms.

RETIREMENT.—We are informed that Dr. Kennedy has retired from the Professorship of Anatomy in the Medical Department of Victoria College, Yorkville.

CUBAN MEDICAL STUDENTS.

The students in the Medical School in Havana, freed from a lecture by the illness of one of the professors, went into the cemetery, opposite the college, and, unfortunately for the whole class, some of the most mischievous among them, broke some glass, destroyed some flowers, and wrote some scurrilous lines on the grave stone of an officer of the volunteers. These volunteers are a body of soldiers enlisted by the Spanish authorities to crush the patriots who are fighting for Cuban independence; and are noted for their cruelty and insubordination. They demanded vengeance. The students were arrested and tried by court-martial, eight of them were condemned and shot, and thirty others sent to the chain-gang for periods of from four to six years. It is said that the students met their fate with resignation, and expressed sorrow for the act for which they died.

This cowardly act of shooting a lot of frolicsome boys will not help their cause, and according to late accounts, the Government feels ashamed of the butchery, and the Spanish Minister has been at considerable pains to explain it away by charging it to the mob.

HANDSOME DONATION.—We are much gratified in hearing that Sir W. Hooker, of the Royal Gardens at Kew has forwarded to Dr. Hallowell, Prof. of Mat. Medica and Therapeutics, Trinity College, (through Mr. W. T. Goldsmith, of this city,) a collection of rare medicinal plants and seeds. This is to constitute the nucleus of a botanic garden in connection with the Medical School, and will form an entirely new feature in the teaching of those branches of which it takes cognizance.

APPOINTMENTS.—Benjamin Thomas McGhie, M. D., of the Village of Elgin, to be Associate Coroner for Leeds and Grenville.

Hugh A. Mabee, M. D., of Port Rowan, to be Associate Coroner for Norfolk.

VICTORIA COLLEGE.—Tenders have been advertised for the erection of a building, during the coming summer, for the Medical Department of Victoria College, near the Toronto General Hospital.

NOTES AND QUERIES.

NEW TEST FOR BLOOD STAINS.—J. W. Gunning (*Journal of Applied Chemistry*) has discovered that acetate of zinc will precipitate the coloring matter of blood from solutions. The flocculent precipitate must be washed by decantation, and left to evaporate and dry on a watch-glass, and, if blood has been present, the microscope will reveal delicate hæmin crystals.

It is rumoured that M. Nélaton is expected in England shortly. It is said that he will permanently settle in London.

TETANUS.—Among other interesting papers lately read before the Academy of Sciences in Paris, was one by M. Demarquay, in which he showed that several cases of lock-jaw had been cured by extremely hot air baths, followed by the injection of morphia under the skin.—*Lancet*, Sept. 23, 1871.

When will the primary and final examinations of the Council take place? It is time the programme was issued.—STUDENT

When will the revised Medical Register be published?—SENEX. [That is a *Strange* question.]—ED.

What was done with the box of Carson's FEMALE REGULATORS, &c., &c., sent to Dr. Strange for distribution among the members of the Council at its late session?—A MEMBER.

The Medical Act states "that no teacher, professor, or lecturer of any of the Colleges shall hold a seat in the Council except as a representative of the College to which he belongs."

How was it that Dr. Agnew retained his seat while lecturer on Diseases of Women and Children in Victoria College in 1870-71? and why is it that Dr. Oldright (Curator of the Museum, Toronto School,) who lectures on Pathological Anatomy still retains his seat in the Council while Dr. Covernton is forced to resign?—LEX [Ask Berryman, Dewar, Aikins & Co.]

CORRESPONDENCE.

To the Editor of the *Canada Lancet*.

DEAR SIR,—Last week the announcement was received with universal satisfaction, that Her Majesty Queen Victoria had been pleased to confer the honour of a Baronetcy upon our highly esteemed citizen Professor Christison. This is the second time during the present year, that Sir Robert Christison has had a lasting honour paid to him, having a bust placed in the University while he is still living. When quite a young man he was elected to the chair of Medical Jurisprudence, which position he held for some years, and contributed much to advance that study. He was afterwards transferred to the chair of *Materia Medica*, which he still continues to fill, having been nearly half a century connected with the famed University of this city. Since 1858, when the University Act was passed, he has had a seat in the University Court as a representative of the *Senatus Academicus*. He has also taken a leading part in the doings of the General Medical Council of Education and Registration, being one of the members nominated by the Crown. At this present time he is President of the Royal Society of Edinburgh, being one of the highest honours a medical man in Scotland can obtain. His writings upon *Materia Medica* are so widely known that it is almost useless to mention it. For many years he has been at the head of the medical profession, and largely consulted throughout Scotland and by many from distant parts. His treatise upon poisons has gained for him a high reputation in many countries. His honors have been well earned and it is our earnest hope that he may long live to wear them. It is stated that it was through the Premier, that Professor Christison's contributions to the science of medicine, were made known to Her Majesty as deserving of the honour of a Baronetcy. This is the more pleasing as the worthy Professor is upon the opposite side of politics.

The female medical students are now evidently upon the brink of a precipice, as regards their studying in the Edinburgh University. Both sides have been taking the advice of counsel, and the University found that they had acted illegally in admitting women in the first place, and have rendered themselves liable to damages to the lady students. The University Court

have rescinded all the laws admitting women, so that no more can enter, but they made the offer to those who had already commenced their studies, to allow them to pursue them till they had finished, but this the present lady students would not accept, as they said they were fighting the cause for lady students in general, and not simply for themselves. Such being the case, nothing will be left to them but to remain out in the cold, as they cannot attend the Medical School in connection with the Royal College of Surgeons. The University certainly acted very injudiciously in admitting them without thoroughly looking into the matter, afterwards to find that they had acted illegally in doing so, according to their charter.

F. R. S.

Edinburgh, Nov. 13th, 1871.

(To the Editor of the "*Lancet*.")

SIR,—

According to promise I send you some cases similar to my last, headed "Wrong Diagnosis," which have come under my observation. Case I.—James —, æt. 48, of strong muscular habit (blacksmith) was attacked with extensive Lumbar Abscess this summer, caused by shoeing a restless timid horse. He had been seven weeks confined to bed, attended by a medical man during that time who treated him for Intermittent fever until about ten days previous to my seeing him, prior to which time my son having been called in, pronounced it Lumbar Abscess, but through courtesy to the medical attendant, withheld the particulars from the patient, merely stating that an operation would require to be performed and to send for him in a few days. The patient became suspicious and sent for me. I took away as much as four quarts of matter, relieved him of the depressing symptoms, gave him the necessary nutriment freely and tonics with stimulants, and the use of Iodide of Potassium freely and continuously. He is now well and there are no signs of any return of matter. This case fully demonstrates the necessity of medical men, particularly young practitioners, thoroughly exploring and investigating the cause of symptoms present before giving their decision or prescribing. It has fallen to my lot to see many such cases as above stated, during the past thirty-five years in this locality.

Case II.—About four years since a similar case occurred in the hands of a medical man—a Licentiate of the College of Surgeons, London,—whose patient had all the well marked symptoms of Lumbar Abscess, with sympathetic inflammation of one testicle which proved troublesome to subdue, and he proposed castration. Now how foolish a medical man must appear who makes such glaring mistakes to be afterwards rectified by another. It shows that the necessity of thorough diagnosis cannot be too forcibly impressed on the students by their teachers, and then when enabled to practice, the necessity of storing knowledge by reading and observation rather than grasping at practice dishonourably as many do, degrading the profession by depreciating the abilities of others and trying to exalt themselves. Such are the means adopted by many country practitioners.

Case III.—A young man, æt. 30, was attacked with excruciating pain in the Lumbar region and a medical man was called in. He prescribed remedies to allay pain, but no good results followed. I happened to enquire more fully into the history of the case, and followed up the treatment as inflammatory disease of the membranes of the spinal cord. The symptoms continued, with diminished pain; occasionally in great torture; rather discouraging. The friends also became discouraged after a few weeks, and decided to send for a medical man (a Professor of Surgery in Toronto). He attempted to prove, and remained impressed with the belief (until afterwards informed) that it was a case of Lumbar Abscess. My treatment was followed up strictly, viz.: valerianate of zinc, sulph. zinc, tonics, nitro muriatic acid, &c. In four weeks the patient got well and has remained well since; occasionally when exposed to wet he complains of pain, but a cathartic and diaphoretic sets him all right again. So much for a wrong diagnosis.

Yours &c.,

THOS. HENRY, M.D.

Sand Hill, Dec. 1871.

BOOK NOTICES AND REVIEWS.

PEN PHOTOGRAPHS, by Daniel Clark, M.D., Princeton, Ont.

A new work, with the above title, will be issued from the press sometime during the present year, consisting of sketches of celebrated men and places seen and visited by the Author; also including short tales and miscellaneous writings, contributed from time to time to the periodicals of the day, especially to "Stewart's Quarterly Magazine" and the "Canadian Magazine." This publication is undertaken at the earnest request of many of the literary friends of the Author, and because of the popularity the writings have already attained, not only in the Dominion, but in Britain and the United States. The publishers have resolved to sell by subscription only. The book will contain about 400 pages, 12mo., bound in cloth, price \$1.00. Orders received by all respectable Booksellers. These sketches have received the most favourable comments from the Press, both at home and abroad.

RINDFLEISCH'S TEXT-BOOK OF PATHOLOGICAL HISTOLOGY. An Introduction to the Study of Pathological Anatomy. By Dr. Edward Rindfleisch, O. O. Professor of Pathological Anatomy in Bonn. Translated from the Second German Edition by Wm. C. Kolman, M.D., assisted by F. T. Miles, M.D., Professor of Anatomy, University of Maryland. 208 Illustrations. Philadelphia: Lindsay & Blakiston. Cloth, \$6.00.

This is an octavo volume of 680 pages. It is the most exhaustive and interesting work on this subject yet published. The works of Virchow and Billroth occupy the ground but partially, and the former is now somewhat antiquated; this volume therefore fills up a gap in the literature of this subject. It is divided into two parts: GENERAL and SPECIAL. The former embraces degeneration of tissues and pathological new formations; and the latter, the anomalies of the different organs and fluids of the body. The woodcuts, with the exception of a few copied from Virchow and Billroth, are original and are well executed. We could have wished that a little more pains had been bestowed on the text by the Translators, so as to adapt it more fully to ordinary readers. Many of the sentences are much involved.

HAND-BOOK OF SKIN DISEASES, by Dr. J. Neumann, University of Vienna. Translated from the Second German Edition by L. D. Bulkley, A.M., M.D., New York, and illustrated with 66 woodcuts. New York: D. Appleton & Co. Toronto: Copp, Clark & Co.

The most important feature of this work lies in the fact that the author gives the most correct as well as the newest views and discoveries in the history, etiology and pathology of skin diseases. Another point of importance is, that it is not only a scientific work, but also contains a great fund of practical information regarding the treatment of skin diseases. The author was for a long time the assistant of Professor Hebra, and has since been connected with the same Hospital as lecturer on skin diseases, and has therefore had abundant opportunities of observation, and his work may be considered a fair exponent of the German practice of Dermatology. It is a most useful and practical work, and we most heartily commend it to our readers.

A TREATISE ON HUMAN PHYSIOLOGY, by John C. Dalton, M.D., Professor of Physiology in the College of Physicians and Surgeons, New York. Fifth Edition, revised and enlarged, with 286 illustrations. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

Nothing that we can say will either add to, or detract from the popularity of this work. As a text-book for schools it has no superior in America, and the present edition is fully abreast of the times. It has been carefully revised and modified in many parts, while the general plan and arrangement of the previous editions have been retained. Some new illustrations have been added, and a few of the older ones omitted.

BOOKS AND PAMPHLETS RECEIVED.

TRANSACTIONS of the American Otological Society. Fourth Annual Meeting, Newport, R. I. Boston: Alfred Mudge & Son.

The *Family Herald*, an illustrated weekly paper, devoted to literature, romance, agriculture, commerce, news, and general family reading. It is closely printed on good paper, and con-

tains a large amount of interesting reading matter, at the low rate of \$1.25 per annum. It is the best family paper we have seen, and we will be happy to place it on our exchange list.

CATALOGUE of Surgical Instruments and Appliances manufactured by F. Gross, 690 Craig Street, Montreal.

A CONTRIBUTION to the treatment of versions and flexions of the unimpregnated uterus, by Ephraim Cutter, A.M., M.D., Boston. James Campbell, Publisher. Price 50 cents.

TRANSACTIONS of the American Ophthalmological Society, eighth annual meeting, Newport. New York: Appleton & Co.

ON VASCULAR NÆVI and their treatment by actual canter by B. F. Dawson, M.D., New York. Reprinted from the American Journal of Obstetrics.

WOOD'S HOUSEHOLD MAGAZINE, published by S. S. Wood & Co., Newburg, N. Y.

The tenth volume of Wood's Household Magazine begins with January 1872. Its regular contributors include Horace Greeley, Gail Hamilton, Thomas K. Beecher, Dr. Dio Lewis, Dr. W. W. Hall, James Parton, etc. Harriet Beecher Stowe, Brick Pomeroy, John G. Saxe, Major General Kilpatrick, Petroleum V. Nasby, etc., write for it occasionally. Terms, One Dollar a year. Specimen copies free.

THE PHYSICIANS DAILY POCKET RECORD, by S. W. Butler, M.D., Philadelphia.

It comprises a complete visiting list; a classified list of medicines with doses and prices; a list of new remedies, their application and doses; a list of poisons and their antidotes, &c.

VICK'S FLORAL GUIDE for 1872. Giving thorough directions for the culture of flowers and vegetables, ornamenting grounds, making walks, &c. Price ten cents. Address James Vick, Rochester, N. Y.

HOSPITAL REPORTS.

GENERAL SPINAL PARALYSIS, UNDER THE CARE OF DR. AIKINS.

(Reported by William James).

Jonathan R, aged 35, was admitted into the Toronto General Hospital with the above affliction, on the 6th November last.

History of the case:—The patient was working in the bottom of a well, and while the bucket, half filled with water, was in the act of ascending and had reached about half way to the surface (20 ft.), something above gave way, the bucket falling and striking him, when he was, it is thought, stooped somewhat forward. It appears to have first struck the occiput, as there is a transverse wound about three inches in length, penetrating the pericranium to the bone. It is supposed to have then glanced off and struck the back of the neck in the neighbourhood of the 7th cervical vertebra. This is confirmed by the patient's own statement, that the bucket was on the back of his neck when he first regained consciousness. Examination, however, failed to detect any fracture.

Had priapism the day he was admitted. It was found that there was complete paralysis, both sensory and motor of all the body, anterior as well as posterior, from three inches above the nipple, downwards. The right upper extremity was also completely paralyzed. The left was in a similar condition, except that he could rotate the forearm of that side. Respiration is purely diaphragmatic, no motion of the ribs except at the lower part of the chest, and this is caused by the diaphragm. Bladder and rectum are paralyzed; fæces pass involuntarily; and the catheter is used twice a day. Pulse—full, soft, and rapid. He speaks quite rationally when interrogated.

9th.—Redness of integument over the nates and trochanters, and a small bed sore on the right outer malleolus, notwithstanding that he has had the benefit of an air bed.

16th.—Patient continues about the same, with the exception of a slight cough. No more bed sores, and those which appeared during the first 48 hours are apparently healing. He eats and sleeps well.

24th.—Priapism again to-day, and on tickling the soles of his feet the muscles of the thigh were observed to twitch.

Partial incontinence of urine; skin dryer; cough continues. Some dyspnœa; catheter used twice a-day, but he did not appear to feel it; sometimes it passed readily but at other times would get caught, as it were, in a pouch. Urine very ammoniacal and offensive. Pulse has continued at about 72 and is strong and full.

28th.—Increased dyspnœa, complains of no pain except in the neck. Has lain chiefly on right side and back. He is considerably worse.

30th.—He died to-day, and the *post mortem* examination revealed the fact of fracture and dislocation of the fifth cervical vertebra, with flattening of the spinal cord at the seat of injury, and a collection of pus in the spinal canal.

A NEW METHOD OF ARRESTING HEMORRHAGE BY THE ARTERY CONSTRICTOR.—Dr. S. Fleet offers (*Medical Record*), this instrument as a substitute for the ligature, acupressure, and torsion. The arrest of arterial hemorrhage is a subject of intense interest to every surgeon; it is attended, at times, with such hazards to the patient, and with such difficulties to the surgeon, that a new method of accomplishing it may not be found unacceptable, the more especially as this method claims to have fulfilled the indications which are considered as those most to be desired by surgeons generally, viz: the closure of arteries by some method which leaves no foreign substance attached to the vessel or in the wound, and is, at the same time, proof against secondary hemorrhage.

It is claimed that such a result can be uniformly arrived at by the use of the artery constrictor, which consists of a flattened metal tube, six inches (more or less) in length, open at both ends, with a sliding steel tongue running its entire length, and having a vice arrangement at the upper extremity, by which it can be made to protrude from or retract within the tube or sheath. The lower end of the tongue is hook-shaped so as to be adapted to the artery to be constricted. It is so shaped, that having grasped an artery, it can be made to contract upon it by means of the vice at the upper end, which forces it within the sheath.

The hook of the tongue is so shaped and grooved as to form only a compressing surface, by which means the artery, when

acted upon by the force of the vice, is compelled to assume the form of the curve of the tongue, and the artery is constricted in such a way that its internal and middle coats give way, but the external coat is preserved intact. The several internal and middle coats contract, retract, curl upon themselves, and are driven down the artery in the form of a plug by the continued pressure of the grooved tongue as it passes on into its sheath. The artery may now be slipped out of the instrument, and it will be found that the external point has been compressed at the point where it was in contact with the instrument, and the internal and middle coats will be found severed and invaginated on either side of the constriction. This invagination of the internal and middle coats is of itself sufficient to arrest the flow of blood; and as soon as the current of blood is arrested in the vessel, a coagulum forms upon the invaginated surface of the internal and middle coats, and this completes the occlusion of the artery.

The application of the constrictor is very simple. - The artery is to be caught up by a tenaculum or a pair of forceps (which answers better) and the tongue of the constrictor placed around the vessel; the tongue is then drawn tightly upon the artery by means of the vice arrangement at the upper end of the instrument. As soon as the screw turns with a considerable degree of resistance, or the internal and middle coats are seen to be invaginated, by noticing their movements in the end of the artery, the instrument is to be detached from the artery and the operation is completed.

In large arteries the tongue of the constrictor must be drawn into the sheath further than is necessary for small arteries. This is the one point which it is necessary to attend to in the closure of large arteries; there can be no harm done to the vessel by being drawn well into the tube, and a thorough invagination secured. The invagination of the internal and middle coats may be made as thorough as it is desired, by drawing the artery into the tube as far as needed to effect the object. Some of the instruments have been made with stops, to indicate when a proper invagination was reached; but by further experience it was found that the touch was the best guide for the operator. By a continued traction upon the external coat of an artery, after the invagination is once commenced, the internal and middle coats

may be peeled up and pushed entirely out of the external coat, and this latter coat be drawn out through the shaft, entirely freed from its inner coat, so that the operator has it in his power to produce an invagination to any desired extent.

It is well always to permit the blood to flow into the artery (if it has been controlled by tourniquet or otherwise during the operation) before removing the constrictor; this secures a perfect clot upon the invaginated coats, which can hardly be displaced afterwards.

"The peculiar effect of the artery constrictor upon the coats of the artery—rupturing and invaginating the internal and middle coats, while it preserves the integrity of the external coat," Dr. Speir states, "appears to offer a more substantial ground for confidence than any method based merely upon pressure or an internal coagulum. This, added to the fact that the instrument is instantly withdrawn from the vessel, seems to offer all the advantages which can be expected by any method.—*Am. Journal of Medical Science.*

LOOSE CARTILIAGES IN THE KNEE-JOINT REMOVED BY SUBCUTANEOUS INCISION.—Mr. J. Square stated, at the recent meeting of the Surgical Section British Medical Association, that, since he published his account of the operation by subcutaneous incision about ten years ago, when he related nine cases, he had performed the operation fifteen times. The twenty-four cases had all been operated on without selection, and all had recovered without drawback. Cases were brought forward illustrative of the dangers incident to the operations by direct and vascular incision; and the operation practised by the author was described. The loose cartilage is conducted to the inner and lower part of the joint and held there by an assistant. A tenotomy-knife having been introduced, the capsule of the joint is freely incised upon the cartilage; the knife is then directed so as to open the cellular tissue over a convenient part of the fascia. The cartilage is now dressed and lifted out of the joint into the cellular bed prepared for it, and slid along for about three inches. It is fixed *in situ* with a firm pad and adhesive plaster, the foot and leg being bandaged up to the edge of the cartilage, and the limb placed in a splint. If no inflammation ensue, the cartilage is excised about a week after the operation. The paper closed with a few remarks on the different varieties of loose cartilage, their structure and origin.—*British Medical Journal.*

THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

FEBRUARY, 1872.

No. 6.

Original Communications.

"POPULAR" MEDICAL LITERATURE.

BY DR. J. MUIR, ANTWERP, N.Y.

Among the "Book Notices" appearing in the columns of a newspaper published in one of the inland cities of this State, the following criticism attracts attention:—

"TILL THE DOCTOR COMES, and how to help him. By George H. Hope, M.D., M.R.C.S.E. Revised, with additions by a New York Physician. New York: G. P. Putnam & Sons.

This is by no means such a manual as an intelligent American physician would have written for American readers; it is the stilted and condescending instruction of a pompous British doctor not over-cultured himself, designed for the ignorant, poor and dirty British work people.

Despite all drawbacks it has many helpful hints for those who have grace to be preached to and who are as yet very ignorant of the common facts of hygiene and anatomy. Now let some one who knows how, make us such a book as this ought to have been."

What the merits of the "Manual" so trenchantly handled may

be, I cannot say; but one might consider himself safe in presuming that the book really is a good one, when a respectable New York physician is found willing to take upon himself the editorship, and the eminent publishing firm of the Putnams assumes the responsibility of its reprint. Two such parties we should certainly deem better qualified to form a correct judgment in regard to the needs of the public, and the value of the production, than the very self-complacent personage who so summarily dismisses it with a flippant fling at the *British Workman*. But what good grounds exist for the assumption our critic so conceitedly enunciates? If his contemptuous expressions refer to the skilled artizans of Great Britain, I can assure him the individuals aspersed will generally be found to compare favorably with the same class in the United States in point of education and intelligence. National Schools of Design, local Athenæums and Mechanic's Institutes, have placed within their reach the means of intellectual elevation; nor have they been slow to turn to good account the educational facilities thereby afforded. As handicraftsmen, too, they are the better workmen, more thoroughly acquainted with their several trades,—the system of protracted apprenticeships, prevalent in Europe, tending to make them so. Too often the very self-satisfied spirit which causes impatience of being "preached at," (as exhibited in the article under notice)—a defiant self-sufficiency which resists submission to instruction, and is intolerant of restraint, subordination or control, for anything like a reasonable period of time, causes the American learner to start as a full-fledged mechanic before he has even fairly acquired the rudiments of his business. If, however, it is the unskilled laborer of the Old World who is intended to be characterized as "ignorant, poor and dirty," it cannot be denied that "work people" of this order, in *all* countries, to a greater or less extent, exhibit these unhappy features,—though it is not to be supposed that Dr. Hope, or any other professional man, could reasonably anticipate securing among such a very extensive audience.

Yet, a third aspect of the case suggests itself; and the probabilities would seem to be largely in its favor. The writer of the unpleasant language quoted, has an appearance of seeking to convey the idea that the mass of "American readers" are exceptionally well informed in regard to "hygiene and anatomy, as com-

pared with the less favorably circumstanced people of other and older countries. Let us examine for a moment this much vaunted superiority. In entering, too, on a consideration of the claim advanced, it may simplify matters and lead, perhaps, to a clearer elucidation of the facts of the case, if we take first a glance at the sources from which the parties lauded may be expected to have derived their information; and then advert to the many patent evidences of their having generally profited by their "hygienic and anatomical" investigations. The vast majority of the American people are indebted to that excellent national institution—the District School—for whatever educational attainments they may happen to possess. The schools bearing that name present a close resemblance to the Canadian Common Schools under the Old Act: "reading, writing and ciphering" constituting about all they aim at imparting,—the teachers, as a rule, being, in point of learning, but a step in advance of their pupils. They do a noble work, for all that, in placing within the grasp of the poorest the key of knowledge; though I cannot forbear availing myself of the opportunity of saying that the admirable parish school system of Scotland is far ahead of that which obtains in Canada or the United States. In neither of these latter do we find any attempt made to illuminate the youthful mind in relation to the matters treated of by our reviewer; and even if we pursue the enquiry a step further, the results are nearly as unsatisfactory, for in the "academies," "seminaries," and "select" schools (so called), but little is attempted. Indeed, we might extend our examination to much more pretentious institutions, and still meet with very little to reward our labor. In a few of them, no doubt, a physiological text-book of some description, figures on their lists; but the study being wholly optional, and not apparently popular, comparatively few engage in it.

But after all, is it not fairly within the range of our question to consider the more advanced schools of a slender minority? What we are seeking to arrive at is, where do *the masses* obtain their information in relation to the subjects stated? Certainly not appreciably in any of the "halls of learning" to which reference has been made. To the popular literature of the day must we turn for an answer to our enquiry; and occupying the principal position (measuring importance by extent of diffusion),

stands the newspaper. Many a house throughout the United States is barren of books, but some "broad side" or other generally penetrates to even the remotest log-cabin. During the year an occasional extract, of unexceptionable character, from a medical journal, may be found in the paper taken,—glanced at, however, only to be forgotten; but week after week there are other things continually presented which bear much melancholy after-fruit, as we shall see before we close this article. Leaving out a few of the leading city journals (and only a very few), nearly the whole of the remainder of the public prints, more strictly meeting the designation of *news-papers*, are instruments aiding in the perpetuation of every conceivable practice antagonistic to true hygiene; and vehicles through which the already prevailing ignorance in regard to everything relating to the application of physiological laws, is intensified and rendered almost impenetrably dense. The very critique which serves us for a text is sandwiched between mendacious puffs of wandering mountebanks who, as Magnetic Healers, Indian Herb Doctors, Medical Clairvoyants, Analytical Physicians, and Healing Mediums devote their energies to fleecing the ignorant; and the loathsome announcements of abortionist ghouls, whose murderous preparations and appliances are openly hawked in the broad light of day, causing them to be so familiarly "common," as to lead to their acceptance as a matter of course portion of the family sheet! Less criminal, only in degree are the thousand and one "patent" nostrum abominations which crowd the columns of almost every paper, with their lying certificates of cure—not seldom accompanied by the pressing recommendation of "the gentleman filling the editorial chair." Often, these vendors of so-called "proprietary remedies," contrive to augment their sales by appending to their advertisements extracts from the United States Dispensatory, or other legitimate authority, speaking favorably, in certain conditions, of the curative properties of one or other of the ingredients of their compounds; and the voucher of some Analytical Chemist attesting the harmlessness of their rubbish is sometimes also paraded to overcome the scruples of the more timid. And not much more than what we have indicated, do American readers obtain from the ordinary American newspaper—in the way of a knowledge of "the common facts," which a "British doctor" has had the hardihood to

lay before them. But, in addition to the sheets devoted almost altogether to current news, there is a "periodical," literature in many respects of a much less objectionable character. For the most part the better magazines of this class do not accept the diabolical notices of the vampires of whom we have been speaking; but light sketchy articles of an entertaining, more than an instructive nature, too often form their main attraction; while the less able, though much more numerous and more extensively read, depend on sensational stories of the trashiest kind for acceptance with their millions of patrons. And here I would say that I do not ignore the excellent publications of the Messrs. Harper, Putnam, Appleton, Lippincott, &c., though it is not to them, or their serials, that the people go for information in regard to the subjects under discussion. Were, however, every page they issue replete with just such matter, the general result would not be materially affected, as the more desirable periodicals would still bear a similar proportion to the comparatively valueless ones, as did Gratiano's reasons: being like "a grain of wheat to a bushel of chaff." As to books, one would fail to discover in many households, works resembling Inman's *Preservation of Health*, Parke's *Practical Hygiene*, Chevasse's *Counsel to Mother's*, or Miss Nightingale's admirable pamphlets on *Nurse Training*. Productions of this kind do not appear to find much favor; but an enormous demand exists for catchpenny books of "*Domestic Medicine*," which profess to enable every man to "doctor" himself. We all know the slight esteem in which a person is held who acts in the capacity of his own legal adviser; but a greater folly is his who tampers with his own health, and officiously, with his ignorant prescriptions, endangers the lives of all whom he can influence. Many of the works alluded to are published, solely and only, for the glorification of their compilers—parties wholly unknown to fame; others again are issued in the interest of some obscure "*Medical Institute*" desirous of obtaining notoriety; while men of one idea, who have mounted a hobby and are bent on riding it to death, are the producers of quite a large percentage of the remainder. There is still yet another source from which the people derive their knowledge of things "*hygienic and anatomical*." The "*patent*" medicine men, "*specialists*" of every hue, and proprietors of private "*curative*" establishments, not content with monopolizing the

advertising columns of the newspapers, gratuitously circulate a vast amount of printed matter in pamphlet, handbill, and poster form. Almanacs, Receipt Books, Tales, Anecdotes, and even Primers for children, are the shapes seemingly deemed most effective—every alternate page or paragraph being devoted to matter calculated to advance the pecuniary interest of their publishers and augment the misery of their unhappy dupes. Millions of dollars are annually expended in scattering this pernicious stuff broadcast throughout the land; it penetrates to almost every house; the mails are laden with tons of it; and nearly every rock, and fence, and barn in the country, affords us woful evidence of the frightful persistence of these unscrupulous traffickers in human suffering and credulity. I have indicated the “popular” sources of information—to what extent have the mass of the people “bettered the instruction?” The teachings of their mentors of the newspaper press have certainly not gone unheeded. The startling narratives of marvelous results from the manipulations of itinerant vagabonds so prominently displayed, have induced a general belief that often great things can be accomplished by them; and plodding resident practitioners of course, as a consequence, are held in but little estimation, from their supposed ignorance of the more efficient means employed by these Bohemians. A public sentiment is the result which refuses to entrust the treatment of disease solely to men of scientific attainments, and the practice of medicine is thrown open to all who choose to dub themselves “doctors.” An apt illustration of the state of things produced might be seen in this place, at the very moment I write these words. An Indian—a veritable aborigine—rejoicing in the name of “Dr. Maungwaudus,” and arrayed in war paint and feathers, is holding at the principal hotel, a “levee for the reception of the health-seekers.” Nor is it the poor or grossly ignorant who crowd the “receptions” of pretenders like this fellow. Shrewd in money-getting, close in bargain-making, and prudent generally in most matters, too many of what would be considered the better grade, appear to be the veriest babes in things medical, and fall an easy prey to knaves of every kind. Then, for almost “every ill that flesh is heir to,” have the people been repeatedly assured that there are certain and almost instantaneous remedies; until an impatience of suffering has been engendered, which renders it impossible for

a practitioner to treat a chronic ailment for a long period, in a satisfactory manner. Hence, too the extensive demand for the multitude of Pain Killers, Destroyers, Annihilators, Paints and Panaceas; Soothing Compounds, Anodynes, Whiskey Bitters, Elixirs, and Syrups, which narcotize patients into a condition of false security; or temporarily exhilarate them by the production of semi-intoxication. The Hon. Horace Greeley understands the peculiarities of the people much better than does his inland contemporary. In a recent *Tribune* we find the following remarks—called forth by the certificate device already mentioned:—

"Of all methods of pushing quack medicines down the popular throat, there is none more frequently practiced efficaciously than that of obtaining a certificate from some "State Assayer," who declares (for a fee) that he has analyzed the remedy in question, and "finds it free from injurious substances." At the best, this is but a negative kind of recommendation. It assures the public that it will not be poisoned, but of course it gives no similar assurance that the "medicine" is good for anything. Here is a decoction called "Old Doctor——'s —— Bitters." The proprietor informs us that it contains, among other things, "Sarsaparilla, yellow dock, dandelion, gentian, wild cherry, anise, sassafras, wintergreen, and juniper berries." Well, suppose it does? Why should it be any more curative because it includes a dozen different kinds of roots and herbs? Why should not one root or one herb be just as effective? Yet this dose for a horse (though no horse would willingly take it) is recommended by S. Dana Hay, the Massachusetts State Assayer, whose certificate is on the bottle. People read, then admire, then believe, then buy, and then swallow it, because S. Dana Hay says it is "an officinal medicinal preparation." They guzzle it in the Spring for their blood, in the Summer for their stomachs, in the Autumn for their bowels, and in the Winter for their livers."

Were, however, a general consumption of such abominable mixtures the only consequences of the "popular" medical literature under consideration, we might be disposed, in some measure, to permit the mischief to antidote itself. But, passing by such minor results, and leaving also unnoticed the hideously disgusting details of the "sexual debility" charlatans, we come to one particular section of our subject of a graver and more sombre aspect,—one too which, from its eminently repulsive nature, can only be approached with feelings of the greatest reluctance.

For so long a time has the public mind been systematically debauched and demoralized by the prominently published notices, widely disseminated pamphlets, and universally circulated advertisements of criminal abortionists, that the frightful enormity of the offence inculcated has long since ceased to be fully realized. Nor can the Canadian and Briton rejoice in "the flattering unction" that things are much better with themselves. It is true, their stringent Medical Acts, to a certain extent, are preventive of a like amount of publicity in its practice, and a closer legal surveillance necessitates a greater degree of precaution to secure concealment and evade the penalty; but the columns of nine-tenths of the Canadian newspapers are polluted with announcements of the same description; and the published reports of the London and provincial police courts (with their recent revelations in relation to "baby-farming") show that while less obtrusive in its workings, the destruction of offspring, in various ways, is largely engaged in, and that, though quieter on the surface, there is similar rottenness beneath. Thoroughout this country a serious consideration of the loathsome subject has been shirked—the appalling frequency of the perpetration of the iniquity quietly ignored—until, at length, it has assumed proportions so formidable as to startle even the most heedless. To a great extent (notwithstanding its much greater enormity), the treatment it has received has been the same as that given to "the social evil"—a furtive covering up, or hurried pushing of it out of sight. There needs an earnest effort on the part of all good men to create a healthier public sentiment. The press, the pulpit, and the bench—all public teachers everywhere—should aid in doing away with this foul thing; and legislative enactments for its repression, of the most effective character, should not only be passed, but rigidly and righteously enforced. In conclusion, from what has already been said, it cannot but be apparent that the mass of American readers are not in a more enlightened condition relative to hygiene and anatomy than the mass of readers anywhere else; that there is an ample field for a popular medical literature of quite a different description from that which so extensively obtains throughout the length and breadth of the land; and that even humble and unpretending works like that of Dr. Hooper might fill an advantageous place in thousands of households where are now only to be found the mercenary fly-sheets, unclean pamphlets, and satanic hand-books, to which we have adverted.

CASE OF EMPYEMA.

Under the care of J. H. Richardson, M.D.. M.R.C.S.; Lecturer on Anatomy, Toronto School of Medicine.

REPORTED BY MR. (NOW DR.) A. JOHNSON.

The patient, a commercial traveller, about 35 years of age, whose general health had usually been very good, was attacked, 18 months previously, by pneumonia, and subsequently by pleurisy.

He had been under Dr. Bovell's treatment, for hydrothorax, for some time without any improvement, and as it became evident that some other means would have to be resorted to for relief, Dr. Richardson was requested, by Dr. Bovell, to tap the chest.

The hydrothorax was on the left side, and to such an extent, that the heart's pulsation could be distinctly felt about one inch and a-half below and behind the right nipple. The patient was very emaciated and much distressed.

Jan. 16, 1869. The operation was this day performed, by means of a small trocar and canula, and five pints and a-half of serous fluid evacuated.

March 4. Had improved up to this date in general health, but the fluid is again rapidly accumulating.

March 12. The chest is now so distended that it is necessary to repeat the operation. This was done as before, and seven pints and a-half of fluid, still serous, were drawn off.

March 20. The fluid is again accumulating fast. His stomach has become very irritable, and remains so in spite of all treatment.

March 27. The operation was again performed, and five pints of fluid, now sero-purulent, evacuated.

March 31. As the fluid was accumulating rapidly, it was determined to insert a tube, which should be left in the chest. This was accomplished in the following manner:—

The chest was punctured by a trocar and canula of one quarter of an inch in diameter. During the flow of the fluid, an india rubber tube, about two feet long, just large enough to loosely fill the canula, well oiled and full of water, was passed through the canula into the chest, and the canula was then with-

drawn over the tube. The free end was then placed in a basin of water, and about two pints of thick, yellowish white, inoffensive pus were discharged. When it ceased to flow, the end of the tube was securely tied while it was in the water; plasters were then applied to keep the tube in its place, and the whole secured by a broad flannel bandage.

April 1. The end of the tube was placed in a *full* basin of water and then untied; the *overflow*, as the fluid ran out of the chest, amounted to four pints of sero-purulent matter.

April 5. The secretion has been drawn off daily, and has gradually diminished to about one pint per day.

May 19. The secretion has averaged for some time half a pint daily. He has suffered for a week past from constant nausea and frequent vomiting. As the tube had not been graduated, nor its exact length ascertained, it was thought that it might have slipped into the chest, and by its pressure on the diaphragm be producing the vomiting. The tube was therefore carefully withdrawn until it was judged that it was nearly out, and it was found that nearly six inches had been lying in the pleural cavity. The vomiting persisted, however, and then it was noticed that some fetid air had escaped from the wound; then it became evident that some means would have to be employed to cleanse the cavity. This was accomplished in the following simple manner:—

After the fluid had been drawn off as usual, the end of the tube was pinched and transferred to a tumbler of clear water, of blood heat. Upon elevating the tumbler the water ran into the chest; upon depressing the tumbler, the water ran out, mixed with decomposed pus, and horribly offensive, shreddy fibrin. The water was changed and the process repeated until the water came out nearly as clear as it went in. A great deal of difficulty was experienced in completely cleansing the cavity, as the tube was often blocked up by the shreds of decayed fibrin; but when this occurred, the current was reversed for a time, and by perseverance the cavity was completely cleansed, but not until three hours had been occupied in the process.

The matter evacuated was most putrid. A mixture of half an ounce of carbolic acid, half an ounce of glycerine, and eight ounces of water, was then passed into the chest, allowed to remain a few minutes, and then run off. After this the constitutional disturbance gradually diminished.

For a week afterwards the daily discharge averaged half-a-pint of pus. The washing process and the use of the carbolic acid mixture afterwards were repeated daily. At the end of this week there was a return of the nausea, vomiting, and general constitutional disturbance: consequently, extra care was used in the washing, and it was found that there had been a retention in some remote recess of the pleural cavity of a quantity of the decayed, shreddy fibrin. By changing the position of the patient, making him lie down while the water ran into the cavity, and rise up as the fluid ran out, and by succussion of the patient, this foul matter was entirely removed.

By a pursuance of this plan, no difficulty was afterwards experienced throughout the whole course of the protracted treatment in keeping the cavity perfectly clean, and the discharge, therefore, perfectly odorless.

May 30th. Is now able to rise, and move about the room. The daily discharge is about three ounces. The washing carefully repeated each day.

June 10th. Daily discharge about one ounce. Patient eats and sleeps well, is able to drive out, and to take moderate exercise.

For a few days the cavity was washed out first by equal parts of Tinct. Iodini Comp. and water and afterwards by the carbolic acid mixture, but as no benefit seemed to result the Iodine was discontinued.

On one occasion when Dr. Bethune was called in to advise whether it would not be well to try some means to diminish the amount of the secretion, equal parts of carbolic acid and glycerine, about four ounces, were injected, allowed to remain a few minutes and then withdrawn. This was at 12 o'clock noon. Half an hour after tingling of the fingers and toes set in followed by drowsiness. He slept all the afternoon; but on being roused, he took his tea and went out to walk on the street. Returning he slept all the evening. About 11 P. M. the fluid was drawn off the second time as it had been for some time previously—afterwards vomiting and severe palpitation set in which persisted all night. The next morning he had recovered very nearly from the bad symptoms but recollected nothing whatever of taking his tea, or walking out, or indeed of anything which had occurred. In September, 1869, the patient left Toronto.

He was then capable of undergoing considerable exertion, was eating and sleeping well, and daily gaining strength.

The secretion continues, on an average about one ounce daily.

The left side of the chest is much contracted from before backwards, but the heart is beating very nearly in its normal position. The lung is impervious to air.

May 19, 1870. The patient came to Toronto to report. He had been engaged all winter in buying grain, and has enjoyed a fair measure of health, and is capable of considerable exertion.

The tube has now been in fourteen months—the daily evacuation of the fluid, and the washing with water and then by the carbolic acid mixture has been continued ever since. The daily discharge is about half an ounce, sometimes only two drachms. The walls of the chest much more contracted.

As the tube had been broken off frequently so that it was too short to use satisfactorily, it was deemed advisable to change it for another. This was easily done by having the new tube (this time graduated in inches by nitrate of silver) filled with water and well oiled, and then after running as much water into the chest as would pass in, the old tube was quickly withdrawn and the new one inserted in its place.

In the fall of 1870 he returned to Toronto to report again. The discharge had continued for some time about two teaspoonfuls daily. His general health very good. A third tube was introduced as the second was getting worn and flabby.

The last account from the patient was about Christmas 1871. He then wrote that he was enjoying a fair measure of health, that the discharge had not entirely ceased, and that he wanted a fourth tube sent up, as he did not like the idea of doing without the tube altogether.

SULPHUR VERSUS SMALL-POX.—The chief physician of Iceland claims to have smoked out the small-pox, lately imported to that country from France, by means of sulphur, with the aid of sulphurous acid and water drank by the patients. The disease disappeared, and no new cases had occurred for thirty days.

CASE OF EMPYEMA.

REMARKS BY DR. RICHARDSON.

Before commenting on the foregoing case of Empyema, I would take this opportunity of thanking Dr. Johnson, not only for his unremitting attention and assistance during its protracted treatment, but also for his detailed report, which, however, I have condensed, so as to present only those points of the treatment which are of special interest.

The case is, I think, deserving of attention for two reasons:—first, because of its favorable termination, as it is stated by Aitkin in his “Science and Practice of Medicine,” (when referring to the experience of Dr. Bowditch, who had performed the operation of Paracentesis thoracis 150 times), that, “If the fluid afterwards” (*i.e.*, after the first tapping) “becomes purulent an almost certain fatality attended such a change;” and secondly, because of the simple and, as far as I know, novel means which were employed in the surgical treatment.

When it became evident, after the third operation, that a constant, free evacuation of the sero-purulent matter was absolutely necessary, we debated whether or not we should introduce an ordinary drainage tube. To this I had a strong objection, for, notwithstanding the opinion expressed by Dr. Fuller, that when pus exists, “the admission of air is not of the slightest importance,” I could not resist the conviction that such a result was very undesirable, and I felt satisfied that if the fluid was allowed to drain off through an ordinary drainage tube, the necessary consequence would be, that as the fluid ran out, air would freely pass into the pleural cavity, and not only would decomposition of the pus be hastened and the chances of pyæmia be fearfully increased thereby, but expansion of the lung, supposing that it retained any expansibility, would be effectually and absolutely prevented. On these grounds I chose such a contrivance as would allow the fluid to be evacuated without the admission of air. The india rubber tube, manipulated as described in Dr. Johnson’s report, accomplished the end most satisfactorily, and for a long time I thought we were safe from any source of failure. When, however, the contents of the cavity became foul, as was evidenced by the escape of fœtid gas from around the tube, I found I had a most formidable complica-

tion to combat ; and it was then that the idea occurred to me that the tube could not only be used as a siphon to draw off the pus, but also to run fluid *into* the cavity. I immediately tried the experiment, as detailed in the report, and the result was most satisfactory, although appalling at first, for I found most unexpectedly that, during the six weeks which had elapsed since the tube had been inserted, decomposition had gone on to such an extent that three hours constant work were required to remove the horribly putrid matter ; but when this was accomplished, I felt that I had the disease *completely under control*.

From that time I never despaired of ultimate success. My confidence continued unshaken, notwithstanding the discovery afterwards that some of the putrid fibrin had escaped the previous washings, for a change of position was all that was required to remove it completely, and I was never afterwards troubled with its recurrence.

I have already occupied so much of your valuable space, that I will briefly mention only some of the points which occur to me as important, and which are suggested by my experience. As regards the tube, it should be as large in diameter as the largest canula would permit, so that any fibrinous shreds can pass through it ; of sufficient firmness that the pressure of the thoracic wall would not compress it ; and so graduated that no doubt can be felt as to the extent of its entrance into the chest. Its free end should be secured by tying with whip-cord and doubling down and tying again ; and this should always be done before removing it from the fluid. As regards the securing of the tube : we found that the best plan was to put four strips of adhesive plaster, about one inch wide, crossways on the margins of the chest, then to pass two narrow long strips around the tube immediately at its exit, and secure one above and the other below to the side ; and finally to coil the tube up and bind it below the clavicle by plasters and the flannel roller.

Experience has proved that it is not safe to trust merely to the withdrawal of the pus. My patient was suffering from constitutional disturbance, caused by the decomposed matter, long before its existence was suspected. If the washing out had been resorted to at first, this would have been obviated.

With reference to the use of the carbolic acid, it should be borne in mind that all which is run into the chest does not run

out again, for it has been mixed with the fluid remaining in the chest. Of course, only the overflow runs out, for as the walls of the chest are unyielding and cannot collapse, it is impossible to withdraw fluid entirely out without at the same time letting air in. Forgetful of this principle, we used the carbolic acid on one occasion too strong, and produced symptoms of poisoning which were quite alarming.

I have had only one other opportunity of testing the siphon plan. The result of it was most satisfactory; but as Dr. Oldwright, whose patient it was, will no doubt present a history of the case, I will only remark that it was a good one by which to judge of the value of the treatment, as it presented features which were quite different from those of my case.

In conclusion, I would express my conviction that the process which I followed in this case is not only the simplest and most perfect in its operation, but also secures to the patient the greatest chances of recovery, so far as operative interference is concerned.

THE "GAZETTE HEBDOMADAIRE" AND THE FRENCH PHYSICIANS.—Most cordially do we greet the renewal of acquaintance with our old, familiar friend, the *Gazette Hebdomadaire*, after the interruption of its visits by the "two sieges of Paris"—an interruption due, not to want of industry or of devotion to duty on the part of the editor, Dr. Dechambre, but to the insurmountable cordon of war. We gather from its well stored pages that the medical scientists of Paris are labouring with increased assiduity in the service of the profession and of humanity, in their "concours," and clinics, and lectures, and in their numerous associations. The fidelity and zeal with which they adhered to their proper work during troubles and dangers never before surpassed, reflect unbounded honor both on themselves and on the profession at large. The only bright and stainless page in the history of the French metropolis for the year 1871, is that which records the deeds of the medical profession.—*Pacific Med. and Surg. Journal*.

EPIDERMIC GRAFTING.

BY GEO. GROTE, M.B., (ONE OF THE SURGEONS TO THE GERMAN
ARMY IN THE LATE FRANCO-GERMAN WAR)
ST. CATHARINES, ONTARIO.

Having spent the greater part of last year in Europe I had frequent opportunities of witnessing surgical operations of a most interesting and instructive character, and not only did I witness various operations, but I became an active worker in hospitals on the Rhine during the late Franco-German war. There we did not try the advantages of skin grafting as there was more work than we could do, of a character which seemed of greater importance to the hundreds of poor sufferers around us. Skin grafting may have been performed in some of the hospitals during the war, but I do not remember having seen any notice of such practice. From a careful study, however, of a large number of cases where large patches of skin were removed by shot and shell, I became anxious to try the good effect of transplanting as soon as an opportunity presented itself. On my return to England I took charge of a large practice in order that I might have ample opportunities of treating cases, requiring surgical operations, and more particularly those cases where epidermic grafting would be of the greatest advantage to the patient. It was not long until a case suitable for the operation came under my notice. This was an ulcer of long standing and was still spreading. The ulcer was situated on the very common site, the anterior surface of the leg, and resulted from an abrasion of the skin two years previous. The ulcer was at the time of operating about two and a half inches in diameter, with elevated edges, discharging pus freely of a very fœtid character and very painful, indeed so painful was it that the man could not get rest at night, and his health was fast failing.

I take the following from my case book. Benjamin Murriek, æt 45, residing near Smithwick, County of Staffordshire. The operation was performed on the 21st of December, 1870. From the unhealthy state of the ulcer it was necessary to improve its condition, as also the general health of the patient before operating. This I did in time by the steady use of Pot. Iodide in large doses *ter die*, and the constant employment of

lotions of Chloride of Zinc and Carbolic Acid alternated, and linseed meal poultices at night, together with a sedative draught to relieve pain. Gradually the ulcer began to take on a healthy character, healthy granulations began to appear, and the general health of the patient so far improved that I determined to operate at once. I operated as follows :—A small piece of skin was taken from the anterior surface of the arm, midway between the shoulder and elbow joints (this part being chosen as one not easily disturbed while healing), this I divided into four pieces, and after slightly scratching the surface in four places at equal distances from the centre of the ulcer the grafts were carefully applied and strapped in their places by two narrow strips of adhesive plaster. A piece of lint saturated in carbolic acid lotion, strength one in forty, was applied, and above this a pad of lint to maintain the equal temperature ; a bandage was applied over all rather firmly in order that the grafts might be retained in their place. In two days after, I removed the dressing when the epidermis came away from the grafts, which remained firm in their places, but appeared raised from the surface of the ulcer and of a white, dead appearance. I continued the carbolic acid dressing and Pot. Iodide treatment. Seven days after, the grafts began to assume the appearance of the surrounding granulations, and in a few days lines of cicatrization were seen starting out in all directions from the grafts. The case went on successfully under the above treatment till gradually a good cicatrix covered the whole surface of the ulcer. The man is now perfectly well and able to go about his work, Jan. 30th, 1871.

As the transplanting of skin is now becoming a subject of such great importance, and is at the present moment exciting the deepest interest in the medical profession, not only in this country, but also in Europe, I beg to trespass on your space, and also on the patience of my readers, by giving a short history of epidermic grafting, as well as a more detailed account of the operation.

So interesting a subject is it, that in every day surgery it has only to be tried to be approved. It is also worthy of the highest congratulation to know that transplantation of skin in ulcers is a certain means of cure, which has hitherto in a great measure been unattainable. I must here mention, that the ulcer must be in a healthy condition with a fair granulating surface.

It is not necessary that a neck of the integument to be applied to the ulcer should be left attached to its former place as was originally supposed, and as many experiments have recently proved.

Dr. Frank Hamilton, of New York, suggested this plan as early as 1847, but put it into operation the first time in 1854, in the person of Horace Driscoll, who had lost a large portion of the integument of his leg by the fall of a heavy stone upon it. After the lapse of fifteen months it was apparent that the ordinary processes of nature were insufficient for repair. The integument was taken from the opposite calf, but did not cover the entire surface. In ninety days cicatrization was complete and has remained so.

It was proved by Dr. Hamilton that the piece engrafted need not cover the entire surface of the ulcer, but he did not, however, discover that the graft might be wholly separated before insertion. M. Riverdin, of Paris, recently demonstrated that portions of skin of various sizes might be removed from any part of the body and engrafted on a granulating surface; that they would live, act as centres of cicatrization, give new vigor to the healing part, materially hasten recovery, and even bring about restoration in some ulcers, which from their size, would otherwise never have been healed.

Two leading objects in applying the treatment to ulcers must be borne in mind; firstly, rapidity of cure, and secondly permanence of cicatrization. It is also important to consider at what time to operate.

The condition of the ulcer must be observed. It would be quite useless to operate unless there are healthy granulations, and the edges of the ulcer are disposed to approach the centre. We must also take into consideration the number of pieces to be grafted, how near they should be placed, and whether the whole or part of the cutis should be inserted. Mr. Pollock and many others have shown that a piece the size of a millet seed, whether including the whole or part of the *cutis vera* answers admirably, while by others the minutest subdivisions have succeeded equally as well. In the cases treated by myself the grafts employed were one-eighth of an inch in diameter, but pieces of entire skin a quarter of an inch in diameter would also answer well.

From the above it is seen that all that is essential is the papillary layer of the *cutis*, no matter how small, capable of developing cuticle and therefore cicatrization.

It is well to bear in mind the size of the cicatrix which will result, and the strain to which it will be subjected, therefore, if the ulcer be a large one it is all important that there should be several centres of cicatrization.

In operating, a portion of skin is pinched up in a forceps, or between the finger and thumb, and removed either in the entire thickness or in part; it is essential that no areolar tissue and fat be removed, and that the papillary layer of cutis be not removed from the graft.

The granulations, if quite healthy, need only be clean, if not quite bright and active should be slightly scratched, and when bleeding has stopped the graft is laid upon the surface. The portion of skin removed can easily be cut up if required and each portion applied on the point of the scalpel.

The graft or grafts are retained in their place by means of narrow strips of adhesive plaster, or isinglass plaster—over these, water dressing or any lotion suitable to the state of the granulations; then a compress of cotton wool retained by a bandage, rather firmly applied to insure close adaptation of the grafts to the granulations is applied. The wool also serves to keep the graft warm; ointments should be avoided at first, as particles might get under the graft and separate it. Unless there is copious suppuration it is well not to disturb the dressing till the second day; the appearance then present is the epidermis of the graft, lying free on the granulations, dressings, or on the graft. The graft will now appear contracted and pale.

During the next five days the graft becomes vascular, and looks very like the surrounding granulations, and is nearly lost to view unless it be of some size, when it appears as a raised mass. It is often difficult to distinguish the graft if small, for the first seven or twelve days. The first indication of activity is a faint blue cicatrizing aspect in the site of the graft. If the graft be near the circumference, a line of cicatrization will be seen running from it to the graft, in fact, these lines will shoot out in all directions, and in time cover the whole surface of the ulcer.

As soon as the grafts have established themselves cicatriza-

tion spreads very rapidly. The grafts seem to act as natural stimulants, and arouse new energy in the marginal cicatrizing edge.

In conclusion, by this process of grafting we shall be able to prevent those unsightly and distressing contractions of burns, hitherto so frequent, and to remedy them when they have occurred. Another field of usefulness is offered to skin grafting in cases of severe lacerated wounds, requiring partial amputation, or involving considerable sloughing. In retraction of stumps, leaving bones covered with granulations only, transplantation of skin will be of great service, and will doubtless save some secondary amputations. It is not necessary to take the graft from the person to be operated on, it can be taken from another healthy subject. The patient must be kept in his bed and well nourished with good nutritious food.

The operation does not always succeed; but it does so in a sufficient number of cases to warrant our trying the experiment.

I have much pleasure in contributing my testimony in favor of epidermic grafting, and shall be glad to see reported in the *LANCET* cases of other successful operations among my fellow surgeons. Should this simple operation prove after a few years experience among professional men to be successful in a majority of cases, the profession will be able to establish the reputation of an operation which must prove to be one of the most valuable discoveries of the 19th century.

ANEURISM OF THE THORACIC AORTA. RUPTURE INTO THE ŒSOPHAGUS.

BY ASSISTANT SURGEON F. W. HODDER, M.B., H.M.'s 45TH REGIMENT SHERWOOD FORRESTERS.

Private J. McE—, aged 38 years, 21 years service, an invalid, arrived in Madras from Burmah on the 6th August, with valvular disease of the heart. A bruit was heard with the second sound of the heart, extending up the aorta. His principal symptoms were severe intermittent darting pain and numbness of the left side, extending from the dorsal region of the spine to the middle line in front, from about the fifth rib to the ninth

or tenth. There was distinct pulsation to be felt on pressing upwards at the epigastrium; he also was conscious of it himself. No bruit could be heard at this part. After a short time, he began to complain of difficulty in swallowing, which increased, the food either passing slowly or being returned by vomiting. Early on the 16th September he felt something give way, and immediately a large quantity of arterial blood was vomited; it stopped for a time, but again returned at night in a large quantity, and again stopped; it occurred for the third time early on the 18th, and he died.

At the post-mortem examination a large aneurism of the descending thoracic aorta was found pressing backwards and producing absorption of a large portion of the bodies of the 4th, 5th, 6th, 7th, and 8th dorsal vertebræ; its size was about $4 \times 4\frac{1}{2}$ inches, and it was lined by much rough loose fibrine and clotted blood. It had opened into the œsophagus by an aperture that would admit the top of the little finger, and which was plugged by a clot. The left lung was found small and hepatized, and had evidently done no work for some time from pressure of the aneurism.

Several interesting points are connected with the case, namely, that he lived for two days after the sac gave way, the bleeding having stopped twice for a considerable interval, either from failure of the circulation or from a loose clot being forced into the opening by the rush of blood; the loss of sensation in the side, and yet the great pain he suffered from pressure on the cord or roots of the nerves arising from it, and from his records it appears that during his service, he had done no less than 513 days pack drill, and had had 240 days imprisonment, and it is probable that this circumstance may have originated the disease. (*Madras Medical Journal.*)

TREATMENT OF DISEASE BY ALCOHOL.—A circular has been issued by Dr. Burrows, President of the Royal College of Physicians, to a number of the leading medical men, calling attention to the tendency to intemperance engendered by the use of alcohol in disease, and asking for their support in guarding against this danger. The object is one likely to gain the sympathy of thoughtful practitioners. It will in due course be published, with the signatures attached, in the medical journals. (*British Medical Journal.*)

ABSCESS OF THE APPENDIX VERMIFORMIS, FOLLOWED WITH
PHLEBITIS OF THE LEFT LEG.

BY CLARKSON FREEMAN, M. D. MILTON, ONT.

From memory, I will give a brief report of the following interesting case which occurred in January, 1870, to a very healthy young friend aged 19, who was residing in my family at the above date, and during his subsequent illness. After an active day's exertion, during which the operation of defæcation had been deferred from his usual time in the morning until a very late hour at night, he had a very copious stool, accompanied with severe pain in the right iliac fossa, which continued paroxysmally during the night, with fever and nausea. The next morning slight induration at the seat of pain could be detected by pressure. He assumed the recumbent position on the right side with his right thigh flexed. The symptoms continued with severe constitutional disturbance for two weeks, when he passed *per rectum* about three ounces of pus, which was followed by a gradual subsidence of his febrile symptoms, and ability to lie on any side with ease for a few days. Then there was an exacerbation of the symptoms. The pulse was over 120, wiry, tongue dry and parched, great prostration and profuse perspiration in the mornings. Pain more or less over the abdomen, but more particularly in the right iliac region. He was unable to occupy any position but on the right side, with increased flexion of the right thigh. The hard tumor increased gradually, and its extension pressed so greatly against the bladder and rectum that it caused constant dribbling of urine and such loss of the peristaltic motion of the bowels that the operation of defæcation required three hours, although laxatives were administered every other day. As soon as I could possibly detect the slightest deep-seated fluctuation, with the concurrence of Drs. Robinson, Street, and Dr. Wm. Freeman, while the patient was under the influence of chloroform I made a free opening with a curved bistoury about midway over Poupart's ligament, into the deep-seated abscess which presented a resemblance to an over distended bladder in the right iliac fossa. This gave exit to a quart or more of the most fetid pus. It continued to discharge freely until phlebitis commenced in the left leg about ten days after the opening of the abscess, when the patient suddenly felt a severe throbbing pain in the left femoral region, accompanied with rapid tumefaction of the entire limb. By constant fomentation with

hops, it subsided after a week or ten days, when the abscess again discharged freely, with a most abominable smell, which continued for months, with an occasional exit of small concretions.

By a generous course of the most nutritious diet with tonics, such as Syr. phosp. iron. quinine, and strychnine and wine *ad libitum*, after four months confinement to his bed by his protracted illness, there was, strange to say, an inch added to his height. He now enjoys excellent health, with only a slight enlargement of the left leg, necessitating the use of an elastic stocking. A weak solution of permanganate of potash was occasionally injected with beneficial effect.

DIAGNOSIS OF URETHRAL AND VESICAL DISEASES.

A CLINIC, BY SIR HENRY THOMPSON.

I commence to-day my usual course of lectures, modified somewhat by circumstances. Thus I desire to condense a little my opening remarks on diagnosis to-day. I may premise that I give this course of lectures on the diseases of the urinary organs, because my wards offer you so large a field for their study, and also because there is no class of diseases in which you can afford so much relief to the patient as in this, or so certainly mitigate suffering. There are no diseases more painful, and none the relief of which will gain you more gratitude from your patients.

In the matter of diagnosis, however, it is of the greatest importance that it should be a correct one, and not only correct, but rapidly made. I have now to say what I have said to you before, that I interrogate all these patients on the same system, and I advise you to follow this plan. I employ only four questions for urinary patients, and I advise you to use these four questions also, and always in the same order. The first question is, is there any deviation in the frequency of passing urine? The second is, is there any pain in the act? The third, is there any blood in the urine? And the fourth is, are the characters of the urine altered [quality and quantity]?

We shall see that in all cases of urinary disease these four questions are sufficient, together with the supplementary inquiries which arise out of them; yet we know how often such cases are misunderstood—indeed, the simplest are often mistaken,

through not pursuing a systematic method in arriving at a diagnosis. First of all, let us look at the question of *frequency*. Almost every disease of the urinary organs produces some deviation in the natural frequency of passing urine. As a rule, let it be understood that a man in health does not generally rise at night to pass urine, and that he passes it during the day about five or six times; but when there is any degree of inflammatory action in the mucous membrane of the bladder, however slight, frequency of micturition is induced. Now, how does cystitis produce this increased frequency? When the mucous coat of the bladder is inflamed, it cannot bear to be much extended; and when the bladder contains five or six ounces of urine, or even less, the sensitive mucous membrane suggests that it should be emptied: instead of comfortably containing fifteen or sixteen ounces, it cannot endure the extension, and calls on the muscles to contract without delay. This is one, and one only, of these affections which does not necessarily produce, at first, frequent micturition. I speak of stricture: here it always occurs after a time; but a man may have a considerable amount of stricture for years before he is troubled in the way referred to. Calculous disease produces cystitis, and thus causes an increased frequency in passing urine. Now, as a supplementary question, you should next ask, is the frequency greater at night or in the day? If a man have calculus in the bladder, he is not so much disturbed at night, but in the day he is frequently micturating—all movements make him do so. Now, that extremely common complaint, *hypertrophy of the prostate*, is worse at night than by day, as far as frequency of passing urine is concerned. Hence, if a man of about sixty years of age says that he has but recently had urinary troubles, and these are greatest by night, the case is almost made out; you may be sure that a very little further inquiry will demonstrate the fact that he is the subject of hypertrophied prostate.

I come to the second question of *pain*. This question is of greater significance. Suppose the patient says he feels pain. Where do you feel pain—low down in the belly? Then there is almost certainly chronic cystitis. Suppose he says that his pain is in the penis or perinæum, you may ask if he feels the pain before, during, or after, passing urine. If the pain be before, that is because the mucous membrane is becoming uneasy in

consequence of distension. If he find it painful during or after passing urine, and in the end of the penis, he is likely to have stone; and especially, also, if the pain be increased by exercise. The pain is at the end of the penis in stone. It is almost pathognomonic of calculus to find the pain near to the end of the penis during and after micturition. In chronic prostatitis the pain is also at the end of the penis. This simulates calculus in the bladder more than any other disease.

The third question is, has *blood* passed? This brings us nearer still to the point. Blood may be seen in cystitis, but very rarely. The mode and the circumstances in which the blood has passed, however, determine the nature of the disease. An elderly man, who passes blood intimately mixed with the urine, dark in colour, and not altered much by circumstances, with frequent rather than painful micturition, has probably hypertrophy of the prostate. In calculus of the bladder you find blood: it is as common in calculus as hæmoptysis is in phthisis. Then a calculous patient will find blood in the urine after a drive or a ride, or after hunting, and none if he keep quiet; or he may pass a drop or two with the last expulsive effort at micturition, and with pain at the time. Such urine is usually rather florid in tint, while, generally speaking, blood passed from the kidney remains long in the bladder, and, from contact with the urine, becomes brown in colour—it is like porter. This, also, may happen when the bleeding is due to hypertrophy of the prostate.

Lastly, is the *character* of the urine perceptibly changed? A man will often tell you his urine is thick; but he does not discriminate between the thickness of pus or mucus, and that from deposited salts, as lithates. Patients are generally very much disturbed unnecessarily on account of thick urine. In this cold weather, the urine, on cooling, deposits its lithates readily, where none would be seen in summer; and you may tell him that, if he apply a little heat to it, he can see for himself that it will become quite clear again, which is never the case if the thickness be due to organic matters like pus or mucus; and if this be not an habitual appearance, you may make light of it. If, on the other hand, a heavy deposit of lithates be constant, you must look into his habits and correct his digestion—probably restrict some indulgence in diet. If, also, the urine do not become clear with heat, you have an organic compound to deal with, and you must find out carefully the source of it.

Let me advise you always to make your patient pass his urine into two vessels for examination. I should not thank you for an examination of urine passed into one vessel; for whatever a man may happen to have lying in the urethra—a passage which is by no means always clear and sound—passes with it. Let him pass an ounce or two into one vessel, and examine only what you find in the second vessel. If there be gleet discharge, if there be stricture of the urethra, you will find shreds of pus and mucus and blood-corpuscles in the first glass, but not in the second. In chronic prostatitis, always in hypertrophy of the prostate, sometimes there will be a deposit in the first vessel, which would much mislead you if you imagined it to come from the bladder or kidney. This specimen you must examine for albumen, for sugar, and you must inquire also the quantity passed *per diem*. Well, then, if a patient have told you that he has frequency of passing urine, increased by exercise; that he has pain at the end of the penis; that he passes blood; and that his urine is changed, you may arrive at a pretty good diagnosis of his case. But you would be very much to blame if you did not further examine the man: you must pass an instrument. It is best to be straightforward with patients and tell them so. People have too much common sense to be dealt with otherwise than plainly in these matters. You need not always sound a man with a stiff rigid metallic instrument at first, who has never had an instrument of any kind in his urethra. It is best to take a soft instrument, pass it gently into the bladder, which produces very little discomfort, and so diminish the patient's fear. You can then say, pass another instrument (which will give you a little more pain), and ascertain completely what is the matter.

[Sir Henry Thompson then exhibited the various instruments used in the diagnosis of diseases of the bladder and urethra, and explained their several uses—promising to continue the subject on the next occasion of his lecture.]—*British Medical Journal*.

GONORRHEA CURED IN TWO DAYS.—A writer in the *London Lancet* claims to cure gonorrhea and gleet in from two to six days, by injecting a solution of per-manganate of potassa, five to ten or fifteen grains to an ounce of water. The injection is to be repeated at least four times a day. It causes no pain or inconvenience.—*Pacific Medical and Surgical Journal*.

BARBAROUS TREATMENT BY A MIDWIFE.

BY J. M. PEMWARDEN, M.D., FINGAL.

One very hot day, in the month of July, 1865, I was called to a case of accouchement, that the messenger stated, had been in progress for more than 48 hours. As the distance was some 10 or 11 miles, some considerable time elapsed before my arrival there. On being shown into the room, I was struck with the peculiar odor, apparently emanating from the patient. On examination, I found the pulse almost imperceptible, and the patient nearly unconscious. I attempted a vaginal examination, but found the parts so *hot, tender, and swollen*, that it was almost impossible. However, after exercising great care and gentleness, my finger at last penetrated the dilated os, and impinged on some small slender bones, with spaces between, which I at once recognised as the ribs of the child, with their corresponding intercostal spaces. Continuing the examination, my finger touched a small, pyriform, depressed portion of bone, which puzzled me very much, as I had expected to find in that position, the shoulder. After a little more search, and a good deal of hard thinking, I felt what I thought was torn muscular fibre; and I then made up my mind that the hand had presented, and that the midwife, by some means or other, had pulled off the arm from the shoulder, and that the bone I felt was the glenoid cavity. I then confronted the midwife, and asked her in no very gentle terms "What she had done to the woman." She answered, "nothing." But, on telling her I would immediately send for a constable and have her arrested, if she did not show me what she had taken from the woman, she produced the *two arms of the child, with the clavicle and scapula attached to one, and the clavicle to the other*; and confessed that by means of a noose, above the elbow of the child, connected to a towel around her shoulders, she had succeeded in extracting, first one arm without much trouble, and then the other after a great deal of difficulty. I then sent for chloroform and a consulting physician, and in the meantime began doing what I could towards allaying the inflammation of the external parts, and strengthening the patient. On the arrival of the physician, he very kindly administered the chloroform, and I succeeded in turning and delivering the

which was being decomposed very rapidly, thus accounting for the factor.

The woman, although of course very weak, did remarkably well, till the second night after the delivery ; when the husband, after a few hours' absence, came home drunk, and told her, he would kill her, if she did not get up and clean herself. Being very much frightened she got up on the floor, changed her clothes, and feeling faint, laid down and immediately expired. This was the unfortunate termination of the most extraordinary case of labor that I ever met with. Extraordinary on account of barbarous treatment, and instructive as it teaches us the absolute necessity of keeping our lying-in patients in the horizontal position, till all danger of fatal syncope or formation of clots in the heart, is passed.

January 17th, 1872.

NEW REMEDIES.

Those substances, medicines, or *agents* for the amelioration or cure of Disease, which have been brought before the medical profession and are designated as new remedies, are by no means few in number.

I do not intend to mention, and perhaps not even enumerate, one-half of them. In fact, some of the more recent I have never seen, and the only knowledge of their action is obtained by reports in the various medical journals of the day.

So far as my own experience goes, the therapeutical action and properties of a very few only have been observed.

The *Hydrate of Chloral* has now become so well known to the profession that it has taken rank, and is worthy to stand at the head as a hypnotic. In my hands, it has always produced sleep, when given in proper quantities. In one case it seemed to have lost this action, after having been taken for nearly eight weeks. The patient was an intelligent physician, aged seventy. The drug acted at first to produce refreshing sleep, with no unpleasant feeling that could be attributed to its use. It, however, after about eight weeks, lost its power as a sleep producer, and could not be taken in any form or quantity, as it produced nausea and excessive wakefulness.

In the case of an intelligent female, æt. fifty-two, with uterine disease of long standing, in which wakefulness was the most, distressing symptom complained of, the Hydrate gave perfect relief when administered in eight grain doses at bedtime. This was increased to twelve grains and continued for fourteen weeks, when she abandoned it from fear of contracting a bad habit, and of its having some injurious effect on her constitution.

The *Ordeal Bean of Calibar* (*Physostigma Venenosum*) seems to be growing in favor with the profession. In my own hands, I have had but little experience with it. I have given it in one case of Traumatic Tetanus, in the form of Alcoholic Tincture by the mouth, with no decided benefit. Dr. Fraser recommends the subcutaneous injection with one-third of a grain of the alcoholic extract every two hours, until the system is decidedly affected; then to administer the remedy in three times this dose by the mouth.

I have used it with great satisfaction in long standing cases of *Chorea*. In one case of more than one years standing, a perfect cure was obtained.

Iodoform, (Teriodide of Formyl.) This drug I have administered mostly in combination with Iron in anæmic females. Also, in one case of Goitre, its action has been highly satisfactory. The principal diseases for which it has been tried are Phthisis, Amenorrhœa, Syphilis, Glandular Tumors, and Cutaneous Eruptions. In chronic enlargement of Prostate Gland, M. Moritan used Iodoform as a suppository, one scruple to one ounce of butter, with great benefit to the patient.

Besides the well known effects of Iodine, and its preparations, Iodoform has the advantage of the former preparations, in being stronger, more uniform in its action on the system, and does not act as a local irritant, and can be given uninterruptedly.

Apiol.—The active principle of the seeds of *Petroselinum Sativum*, acts on the system very much the same as Quinine, producing in a dose of about fifteen grains, slight cerebral excitement, without unpleasant effects of any kind. In large doses it produces headache, giddiness, morbid sight and sounds, with all the characteristic effects of a large dose of Quinine. Administered for intermittents, in temperate latitudes, eighty-six per cent. of cures have been reported. It acts slightly as a diuretic, and is said to have a sedative action over the uterus.

Carbolic Acid, or *Phenol*, has gained a high position in the minds of medical men, as an antiseptic and disinfectant. Although its properties are so well known by its being now almost an indispensable article in the daily use of surgeons, it has but recently attracted the attention of the profession as a local anæsthetic, in a published article by J. H. Bill, in the *American Journal of Medical Science*. Also, in the *London Journal of Cutaneous Medicine*, by Erasmus Wilson. This property has been observed by myself, and reported some three years since in the county medical society of Winnebago county.

Nitrous Oxide, as an anæsthetic, is not properly a new remedy. Its application by Horace Wells, of Hartford, Conn., in December, 1844, was the commencement of anæsthesia. The deaths from administering chloroform in the United States, are reported as one in five thousand eight hundred and eighty-two. From ether, not more than one-eighth as great a number. From Nitrous Oxide the danger of death is almost nothing, if properly and judiciously administered. When we take into consideration that a large majority of the cases requiring any anæsthetic are momentary operations and do not require a long continuance of this condition, and the immunity from pain is nearly, if not quite, as certain as by chloroform or ether, and the danger to life very much less, the inconvenience to the physician becomes of a secondary importance, and is not to be weighed by the advantage accruing to his patient. * (*Dr. T. P. Russell in the Northwestern Medical and Surgical Journal.*)

VENTILATION OF SEWERS.

In the statements which have been made regarding the drainage and water-supply at Scarborough, with reference to the illness of His Royal Highness the Prince of Wales, little or no notice has been taken of the *ventilation* of the sewers. This, however, is a matter of great importance; for it has been shown that hurtful results are liable to arise where sewers and drains and drains are trapped, on account of the extreme lightness of sewer-gas, if proper attention have not been paid to their frequent ventilation, especially at the highest outside points. In such cases, typhoid fever, when it occurs, as a rule does not attack

the houses in the low-lying parts, but those in the higher localities. At Croydon, for instance, five or six years ago typhoid fever broke out, but affected only the high and best parts of the town. The sewers and drains were found to be in good order and properly trapped; the water was pure; but there was no system of sewer-ventilation. Since then all the sewers and house-drains have been properly ventilated, and a case of typhoid has scarcely been known. Again, at the Orphan Asylum at Beddington, an outbreak of typhoid which occurred three or four years ago, was distinctly traced to the absence of outside ventilation for the house-drains, which discharged their gas into the various parts of the building. At Eastbourne, in 1868 and 1869, typhoid was prevalent, and in the high-lying parts of the town. Here there were ventilators, but they were blocked with charcoal, and, as the waste-pipes of the house-cisterns communicated directly with the sewers, they became, in fact, real sewer-ventilators inside the houses. A similar occurrence is mentioned by Dr. A. Carpenter, as having taken place at the Warehousemen and Clerks' Schools at Caterham in 1867. In this latter case, the disease occurred in the colder period of the year, when ventilation by means of open windows was not much resorted to; and, the rooms being heated by hot-water pipes, there were no open chimneys to act as ventilators. Nearly forty per cent. of the children who used the class-rooms in the morning suffered from the typhoid fever. These schools are situated on the summit of a high country hill of chalk.

A system of sewerage cannot be held to be complete, or even proper, when the ventilation is not perfect. Traps are quite useless when the gas has reached a certain pressure, for it will force them; but with proper outside ventilation of the sewers, the communicating house-drains cannot ever store in them so much sewer-gas as will be sufficient to force a properly made trap. We must urge our medical brethren to impress upon those who have to do with these matters, that drain-traps will not give security and ensure freedom from poisoning with sewage-gas unless the sewers with which the drains communicate are thoroughly well-ventilated.—*British Medical Journal*.

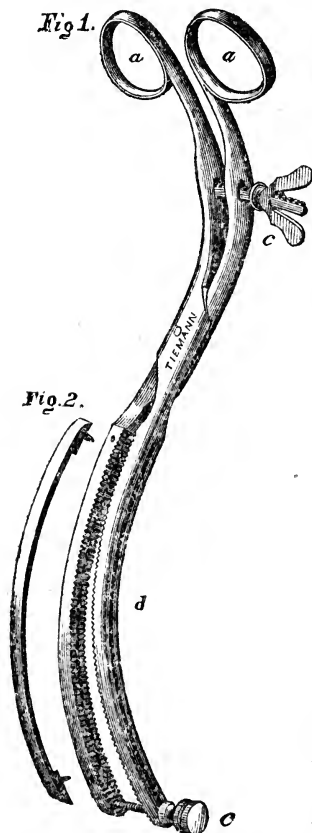
AMPUTATION OF REDUNDANT SCROTUM IN THE TREATMENT OF VARICOCELE.

In an able article upon this subject, in the July number of the *Journal of Syphilography and Dermatology*, Dr. M. H. Henry, Surgeon to the Department of Venereal and Skin Diseases, New York Dispensary, describes the instrument which he has devised for the double purpose of controlling the hæmorrhage and serving as a guide to the operator. The following extracts, with the accompanying illustration, will give an idea of the instrument, and the manner in which it is to be used:

"The instrument, which I have called **SCROTAL FORCEPS**, consists of two parts.

"The main part of the instrument, Fig. 1, has two double-curved blades, made of steel, ten inches long, sufficiently heavy to give strength and admit of pressure without injury when used. The handles, *a*, are large enough to admit finger or thumb without cramping.

"The lower half of the instrument below the joint, *b*, is fenestrated in both blades; the coapting surfaces are evenly notched, to prevent the tissues from slipping—affording, according to experience, a more secure hold on the soft parts, with less pressure and less injury than smooth surfaces. The fenestra afford the surgeon the facility of inserting all his ligatures before dividing the parts, should he elect this method of bringing the edges together; the thickness of the upper blade from the line of insertion of the ligatures leaving ample tissue to assist union, and, if the incision be a clean one, the equal pressure or tension will prevent, as far as any effort or care can control, ulceration through the stitches before union has taken place. The curve in the blades is made according to natural



lines, which it is desirable to follow in removal of the scrotum.

"The handles are curved so that, while they maintain a direct median line, they do not interfere or press on the genital parts, besides giving additional security and compactness to the whole. The screws in the handle and the end of the blades, *c*, give additional security during the operation, without the aid of an assistant-

"The extra blade, Fig. 2, is made of steel, nickel-plated, and is maintained in the right blade of the forceps by two small pins and the slight tension put on the spring of the metal. It is easily inserted with a little pressure, and removed as easily by inserting the nail or the handle of any instrument between the two blades and dislodging it.

"When the operator prefers the glover's or running stitch, the extra blade is used as a guide in the amputation of the parts. When this is accomplished, by displacing the blade, a free border is exposed—about the sixth of an inch in thickness—and in a minute or so the wound can be stitched perfectly without any inconvenience. The forceps are, of course, not removed until this is accomplished. . . .

"Before the operation, the patient should have free evacuation from the bowels, to avoid the necessity of getting up or being disturbed for twenty-four hours after the operation.

"Besides the forceps, which I have already described, the only instruments necessary are—a pair of large, strong scissors with flat blades, or blades curved flatwise; needles, with either silk or fine silver wire for sutures; a few acupressure needles; a few *serres-fines*, and some adhesive plaster. Before any anæsthetic is administered, the patient should be carefully examined, and the forceps applied while in a standing position; this will enable the surgeon to lift up the testes, and afford him the best opportunity to decide the exact portion of scrotum to be removed. If this precaution be taken, there is no danger whatever of his removing too much tissue. I am satisfied there is much more danger of his not cutting off enough. The patient being placed in a recumbent position, his thighs well separated with folded towels, the forceps are applied by placing the blades in front and under the anterior portion of the scrotum, and held in a direct median line. The end of the forceps being close to the perinæum, the scrotum is engaged between the blades of the forceps. Care must, of course, be exercised not to include anything more than

the scrotum. As soon as they are adjusted, and the proper amount of tissue to be removed engaged between the blades, the screws should be tightened and the part removed.

"Although I have described above a method of operating through the fenestra, I prefer the operation with the extra blade, with this exception, that instead of the running stitch I use the ordinary interrupted suture; while it is not so quickly performed, it offers great advantages, if it should subsequently be found necessary to divide one or two stitches in case of hæmorrhage or in case of severe œdema. If the running stitch be used, and either of these last-named features should present itself, if any division whatever be made in the course of the running stitch, there is danger of breaking up through the entire course of the wound, whatever union may have taken place. If the interrupted suture be used, however, each stitch, being independent of its neighbor, affords facilities, under these circumstances, which I think are of no small value."—*Medical World*.

MODIFICATION OF THE ÆSTHESIOMETER.

BY REUBEN A. VANCE, M.D.

Some months since, in an article treating of the early symptoms of cerebral disease, I made use of the following language:

"Cases occur continually in which it is necessary to push to the utmost all available means for acquiring a knowledge of the condition of the cerebro-spinal centres. When speaking of the symptoms due to altered conditions of the nervous filaments distributed to the integumentary structures of the body, the remark was made that many of the modifications wrought by cerebral disease were not declared in consciousness, and therefore formed no part of the history of the case. This is the fact save in those rare instances where by accident the patient discovers the peculiarity to be mentioned. The nerves of the integument may be modified in one of three ways: their functional activity may be increased—*hyperæsthesia*; diminished—*anæsthesia*; or altered so as to cause the peculiar conditions technically known as *analgesia* or *dyæsthesia*. The patient will not fail to become conscious sooner or later of the existence of

any one of these conditions, except *anæsthesia*. Tactile sensation may be abolished for long intervals without the individual being aware of the fact. In the early stages of cerebral disease, careful observation demonstrates the fact that this endowment of the skin may be implicated at a period prior to the appearance of any other pathological process which the physician can recognize. Such being the case, it is of the greatest moment that in any patient suspected of having brain disease the condition of the tactile sensibility be investigated, and any alteration from the natural standard carefully noted. This necessity has led to the invention of instruments for the determination of the cutaneous sensibility."*

The earliest attempt in this direction was made by Dr. Sieveking, of London, who, in 1858, described an instrument for this purpose which he called an *æsthesiometer*. This was simply a modification of the common beam-compass employed by carpenters, and is yet in common use among physicians interested in the pathology of the cerebro-spinal organs.

The class of cases in which it is useful were thus enumerated by Dr. Sieveking :

1. "In actual paralysis, to determine the amount and extent of sensational impairment.
2. "As a means of diagnosis between actual paralysis of sensation and mere subjective *anæsthesia*, in which the tactile powers are unaltered.
3. "As a means for determining the progress of a given case of paralysis for better or for worse."†

The diagnostic value of an instrument of this nature in cases where sensibility is affected depends upon the fact that the capability of distinguishing two impressions made simultaneously varies in different regions of the body according to the distance they are apart.

"For instance, the two points of a pair of compasses can be distinguished at about the sixth of an inch apart when applied to the end of the finger, while on the back of the hand only one point is felt, though they are an inch apart. The compasses con-

* VANCE: "The Early Symptoms of Cerebral Disease," *Michigan University Medical Journal*, July, 1871.

† SIEVEKING: *Brit. and Foreign Med.-Chirurgy. Review*, January, 1858, p. 215.

tained in any draughting case answer admirably in any instance where it is necessary to employ an instrument for the purpose of measuring the sensibility. In practice, it is unnecessary to pay attention to the elaborate tables which record what purports to be the absolute sensibility of the different regions of the body, for each and every individual examined will be found to present variations from these standards. In investigating disease, the capital fact to be borne in mind is, that the comparative sensibility of corresponding situations on the two sides are almost alike as regards sensibility, the left side being a trifle the most sensitive, according to my observations. In cases of impending cerebral disease, while the sensibility on one side remains normal, there will be such marked anæsthesia of the opposite side that the points of the æsthesiometer will have to be separated four and five times as far as on the healthy side before the patient can distinguish the two points. It is unnecessary to dwell upon the diagnostic significance of so grave a fact as this." *

Although it is undoubtedly true, as above stated, that an ordinary pair of compasses can be made to furnish valuable information in cases where it is necessary to test the cutaneous sensibility, yet it is equally true that such clumsy instruments are rarely to be resorted to. They are certainly not implements for a physician to use, and their employment is not calculated to produce a favorable effect upon the patient in regard either to the physician or his investigations. For the purpose of noting the phenomenon presented by patients suffering from brain diseases, it is essential to have an æsthesiometer of a compact form and small size—but one that can be conveniently carried in the pocket of the physician. This want has led to the construction of a number of instruments, many of which possess peculiar merit.

In the last number of the *Medical Record*, Dr. Alfred L. Carroll described and illustrated an instrument constructed on the general plan of the two-legged compass, but with each free extremity divided into two points, one blunt and the other sharp. (Fig. 1.) This arrangement enables the observer to determine the comparative sensibility to contact and pain at different dis-

tances by simply substituting the one pair of points for the other. Dr. Clymer provides himself with two pieces of cork or two small shot, and accomplishes the same result by placing them upon the sharp points of the ordinary instrument when he desires to test the sense of contact without danger of exciting that of pain.

The accompanying illustration (Fig. 2,) exhibits an instrument that, so far as portability is concerned, leaves nothing to be

Fig. 1.

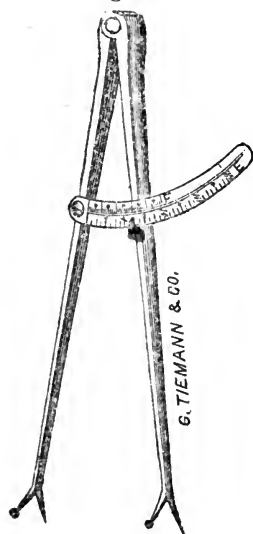
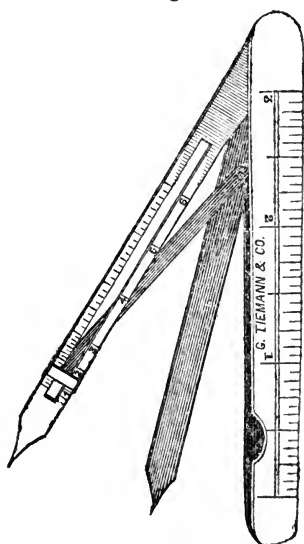


Fig. 2.



desired. When closed, the points are in coaptation, and are received in the case the same as the blades of a knife shut into its handle. When opened and the points separated, the distance between the points is denoted by the position of the slide, which is so arranged as to move over a scale engraved on one arm of the æsthesiometer. The scale is divided into inches and twelfths of an inch. The points can be separated to the extent of six inches. When closed, the instrument is four and one-fourth inches in length.

An instrument which, like this one, can be carried in the pocket habitually, will enable a physician to make observations which would otherwise be impossible. For instance, certain remedies have an important influence upon the cutaneous sensi-

bility—some depressing, others exalting it. A little careful observation would furnish very valuable information upon these points, and might extend our knowledge of the mode of action of such remedies in a very important manner.

In certain forms of nervous disease, the æsthesiometer furnishes important data for prognosis. In a case of hemiplegia recently under my care, treatment was prosecuted for several weeks without the slightest amendment being apparent to the patient or his friends, yet during the whole time improvement was going on, for the tactile sensibility in the paralyzed side, as indicated by the æsthesiometer, gradually became more acute, until, finally, the sensibility of the two sides became nearly alike. The subsequent recovery of this patient fully justified the prognosis given from the first, and which was based entirely upon the results obtained with the æsthesiometer.—*Medical World*.

TREATMENT OF SMALL-POX.—Dr. Boyer in the *Medical and Surgical Reporter, Phila.*, gives the following as his mode of the treatment of small-pox:—

“ Considering *small-pox* purely a *blood poison*, and the eruption an effort of nature to throw off or eliminate that poison, I concluded to strike at the seat of the disease, and direct my treatment solely to the eradication of that poison. For which purpose I gave a solution of 2 grains of carbolic acid, and 15 or 20 grains of sulphite of soda every three hours, *with no other treatment than an ordinary purge during initiative or forming fever*. The result after several month’s trial, with myself and son, has been that in *every case of variola*, and confluent small-pox, on the fourth day of the eruption, the swelling of the face abated, the pulse fell to a normal rate, and the tongue commenced cleaning. the eruption commenced to dry up, and the pustules withered and *shrivelled*. By the seventh and eighth day of the eruption the patient was convalescent, without a sign or mark of having small-pox after the slight desquamation of the light scales, or scabs fell off.

In no case by this treatment did the pustules positively mature, but always dried up before maturation. Externally any soothing or cooling application for the first three days is all that is required, to allay the itching, etc.”

STRICTURE OF *ŒSOPHAGUS* RELIEVED BY IODOFORM.

The valuable remedial properties of Iodoform were seemingly well exhibited in a case of Stricture of the *Œsophagus* which recently came under our care. It had been coming on for about a month with soreness and pain on the passage of the food down the tube, until finally this became completely obstructed, everything, even liquids, being rejected immediately after swallowing. The cause was not very apparent, although there might have been some sympathetic disturbance, as the patient, a female, was troubled with leucorrhœa and pain in the small of the back, yet was not usually hysterical or nervous, but rather of a placid disposition. The general health was fair, the tone of the system being somewhat reduced by the deficiency of food and vaginal drain, the tongue was clean, appetite and digestion good, the soreness being more perceptible in the *œsophageal* tube near the cardiac orifice. The stricture appeared to be of a mixed organic and spasmodic character, principally the latter, as it culminated somewhat suddenly without acute inflammatory symptoms. In accordance with the indications for an anæsthetic, anti-spasmodic and resolvent influence, six pills, each containing iodoform gr. j. ferrum red. gr. $1\frac{1}{4}$, one t, d, were given, and with the happiest effect, the relief being prompt and decided. It is possible that this was but a mere coincidence, as spontaneous relaxation of spasm sometimes suddenly occurs in these disorders, yet such is rather improbable in the present instance from the history of the case and character of the remedy. Be that as it may, however, the ability to take nourishment was speedily restored, but as the soreness still remained to some extent, four additional pills of the same kind, one b, d, were ordered, with appropriate local treatment for the leucorrhœa, and as we have heard nothing further from the patient, though living near by, presume she is well.—*Medical Cosmos*.

COLORLESS "TINCTURE OF IODINE."—We have frequently been requested to publish a reliable formula for colorless tincture of iodine. Were we asked to cite an example of a white negro or a white blackbird, we should consider the task easier. The color of iodine we have always supposed to be an essential and unalterable property of that substance, but many of its compounds form

colorless solutions, which is all that ever was or ever can be attained in the way of colorless solutions of that agent. The so-called colorless tinctures of iodine are simply tinctures of iodides the usual one being iodide of ammonium. This is made by adding successive portions of aqua ammonia to the common tincture of iodine until the color disappears, or, in other words, until all the iodine has entered into combination with the ammonia. A much more elegant and accurate method would be to at once dissolve the desired quantity of iodide of ammonium in dilute alcohol. This method will not only give a tincture free from any excess of ammonia or iodides, but will be found decidedly economical.

The addition of iodine to aqua ammonia occasions the formation of a black compound of a very explosive character when dry. This compound, believed to be the quadriiodide of Nitrogen (NI_4) usually explodes, if perfectly dry, on the slightest touch or jar, with great violence, wherefore the makers of colorless tincture of iodine should be on their guard.—*Chicago Druggists' Price Current.*

GROWTH OF NAILS IN FRACTURES.—Dr. L. J. Nillien, of Effingham, Ill., in a report on surgery before the Æsculapian Society of the Wabash Valley, published in Cincinnati *Lancet and Observer*, reports some interesting facts in regard to the retardation of the growth of nails following the fracture of bones. His attention was first called to this in the case of a boy with a fractured humerus in 1866. The boy's finger nails were stained at the same time with dye. The nails of the sound arm continued growing, while those of the fractured limb were retarded until the fourteenth day. Since this time the doctor has continued his experiments as cases were offered, and consulting authors to find, if possible, anything on the subject; he found that Dr. Guenther, of Denmark, made mention of the nails as a sure means of recognizing the consolidation of fractured bones. The growth of a nail ceases as soon as a solution of continuity exists in the shafts of a bone; and in growing again after a time becomes a certain indication that the consolidation of the bone is taking place. The doctor considers that this sign is of great importance to all surgeons, especially in cases of pseudarthrosis, where direct and repeated examinations are often too prejudicial to the patient; also in cases of necrosis and in fractures of the neck of the femur. It would certainly be worth the while for physicians and surgeons to note this, to confirm, if possible, the doctor's statements, for, as he affirms, if true, it is a sign of great importance.—*Review of Medicine.*

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, FEBRUARY 1, 1872.

EPIDEMIC OF SMALL-POX.

The very general prevalence of small-pox at the present time not only on this continent; but also in Europe calls for more than a passing notice. We cannot close our eyes to the fact that this most loathsome and destructive disease is alarmingly on the increase. It has made its appearance in several of the cities and towns in this province and is rapidly spreading to more remote parts. It is also likely to become more severe as the warm weather approaches, if not energetically stamped out in the commencement. Several deaths have occurred from the disease in this city, from which it would appear that the type of the present epidemic is of a severe form and all necessary precautions should at once be taken to prevent its spread. One very important step has already been taken by the City Council of Toronto in establishing a temporary small-pox hospital, just outside the city limits, and we would like to see this movement followed up by the councils of the various towns and cities throughout the province.

Next in importance we would press upon the authorities the propriety of rigorously enforcing the act relating to vaccination, for there are many who from ignorance, whim, or prejudice refuse to be vaccinated themselves, or to have their children vaccinated; such persons can only be influenced by the fear of the law. That proper, careful and thorough vaccination is a great

preventive of the spread of small-pox is too well known to require argument, as the statistics of all small-pox hospitals undoubtedly testify. The plain duty of the authorities is to insist upon universal vaccination, among young and old no matter whether they have been previously vaccinated or not. Much of the vaccination of the present day is really valueless from the careless manner in which it has been done, very little effort having been made to have the matter renewed from time to time from the cow. The same virus has been transmitted from arm to arm until it has become completely worthless as a protection against the inception of this disease. It is this careless and inconsiderate vaccination which has done more than anything else to bring the operation into disrepute. Too much care cannot be exercised in the selection and preservation of vaccine virus. Where proper attention has been paid to these details and the operation carefully performed, the liability to the accession of small-pox has been reduced to the very small percentage of about one in two thousand. Vaccination should also be performed at least twice during the lifetime of the individual—in infancy and at full maturity. There should be no delay in carrying out in detail the matters here adverted to, as a little prompt and energetic action on the part of all concerned may be the means under a kind Providence of averting a fearful calamity and mitigating a loathsome and dangerous disease.

We would also desire in this connection to press upon the Government the propriety of appointing a general board of Health for the Dominion. We are constrained to do this the more urgently in view of the probable approach of cholera during the coming summer. The present filthy state of many of our cities and towns in Canada would very much favour the spread of this disease, and it is highly necessary that we should be in readiness to do everything in our power to avert so dreadful a calamity. During the year 1866 when this country was threatened by a similar epidemic much good was accomplished by the appointment of a Board of Health. Local health officers were also appointed in the cities and towns throughout the province. Stringent sanitary regulations were put in force, which had the effect not only of preventing the approach of the dreaded disease; but also of improving the *sanitary condition of the whole country*. In truth the authorities absolutely require a little waking up, by the threatened approach of some fearful epidemic in order to bring them to a sense of their duty in this respect.

MEDICAL COUNCIL ELECTIONS.

The election for members of the Medical Council of the College of Physicians and Surgeons of Ontario, will take place on the Second Wednesday in June of the present year. Our readers will bear in mind that only those who are duly registered are entitled to vote for members of Council to represent the territorial divisions.

The following are the names of the territorial divisions and the parties who represent them :—

Western and St. Clair.....	Dr. Edwards, Strathroy.
Malahide and Tecumseth.....	Dr. Hyde, Stratford.
Saugeen and Brock.....	Dr. Clarke, Guelph.
Gore and Thames.....	Dr. Covernton, Simcoe.
Erie and Niagara.....	Dr. Pyne, Hagersville.
Burlington and Home	Dr. Hamilton, Dundas.
Midland and York.....	Dr. Agnew, Toronto.
Kings and Queens.....	Dr. McGill, Oshawa.
Newcastle and Trent.....	Dr. Dewar, Port Hope.
Quinté and Cataraque.....	Dr. Day, Trenton.
Bathurst and Rideau.....	Dr. Mostyn, Almonte.
St. Lawrence and Eastern.....	Dr. Brouse, Prescott.

It is not to be supposed that all these gentlemen will be again returned at the approaching election; nor is it desirable that they should be. There is not one of them who would wish to monopolize the honor thus conferred upon them, and therefore some, we have no doubt, will be likely to retire to give way to others, who are equally worthy the honorable position. It is chiefly among the representatives of the territorial divisions that the profession may look for the infusion of new blood into the council. It is therefore important that the names of the candidates should be before the members of the profession at as early a date as possible, so that there may be sufficient opportunity afforded for canvassing the respective merits of the candidates, and their fitness for the honor sought to be conferred upon them.

These elections are unlike political elections; there are no parties, and therefore fitness for the position is the chief element to be taken into consideration. Men of extreme views are not the most suitable as members of a council composed, as this

one is of heterogeneous elements; but men of calm deliberation, close reasoners, good business habits, and possessing some experience in educational matters, should be chosen; and for these reasons, we would like to see a majority of the present members again re-elected.

We would like if our friends in the territorial divisions would send us the names of those who are likely to be brought forward as candidates at the coming elections, in order that we may give them publicity in the columns of the *Lancet*.

COMPLIMENTARY.—Dr. David L. Philip, who is an occasional contributor to the *Lancet*, was presented a short time ago with a handsome surgical case, accompanied with an address, by his medical confrères, on the occasion of his removal from Platts-ville, Ont., to the town of Brantford. The address was expressive of the high esteem in which he was held by his fellow-practitioners, and regret at his departure from amongst them. The occasion was also rendered more auspicious by his entertainment at a public dinner given by his professional friends in the town hall, to which many of the leading men of the county were invited.

A LUCRATIVE APPOINTMENT.—We are glad to notice the appointment of our esteemed friend Dr. C. N. Trew, of Newcastle, to a lucrative position in New Westminster, British Columbia. He succeeds to an Hospital appointment worth £100 stg. a-year. Jail surgery with an equal sum from the Government, and a private practice worth between six and eight hundred sterling a-year. On the evening of the 20th ult. a farewell supper was given him, and was attended by the leading professional and clerical residents of that town. We wish the Doctor success in his new sphere of labor.

HONORS.—R. C. Fair, Esq., M. D., of Seaforth, a graduate of Victoria University, has lately passed a most successful examination before both the Royal College of Physicians and Royal College of Surgeons, Edinburgh, and was admitted as a Licentiate. He also obtained the Diploma of Licentiate in Midwifery, R.C.P. and S., Edinburgh.

TO ADVERTISERS & OTHERS.

We beg leave to remind advertisers and others that our circulation is unquestionably larger than that of any Medical Journal in the Dominion. The regular monthly issue to subscribers is 1,500, and our list is rapidly increasing, especially in the maritime provinces. Advertisers should make a note of this. Every reading medical man who is at all anxious to keep pace with the current literature of the profession, new remedies, and new improvements in medical and surgical science, and surgical appliances, should become a subscriber to the *Lancet*. We have already on our list all the leading medical practitioners in Ontario, but there are some in the lower provinces that we would very much like to add to our already long and constantly increasing list of subscribers.

PERSONAL.—Dr. Burland, of Hatley, Quebec, has lately received a flattering testimonial in the form of an address from his numerous friends on the announcement of his contemplated removal from that village, owing to ill-health. The address, which was numerously signed, was expressive of the high esteem in which the doctor was held, and urged his continuance amongst them.

The doctor replied in feeling terms, and expressed his sincere thanks for the kindly expressed wishes for the future welfare of himself and family.

NOTES AND QUERIES.

Is the Committee appointed by the Medical Council to draft amendments to the Ontario Medical Act, expected to bring them before the Legislature during the present Sitting?—MEDICUS.

Does Vaccine Virus, which has been long humanized, not lose some of its properties by transmission? And may it not, in some instances, become the means in this way of communicating hereditary diseases?— —, M.D.

[We think it is of the utmost importance to have it occasionally renewed from the Cow. The exercise of great care and

circumspection in the selection of matter will prevent, in a great measure, the danger of communication in the manner referred to.]—ED.

How many patients can the Toronto General Hospital accommodate? and what is its condition as to efficiency?

[The Toronto General Hospital can accommodate from 150 to 200 patients comfortably. It has a good Medical Staff, and a very efficient board of Trustees, all that is needed to place it in a satisfactory condition is *funds*.]—ED.

Are the authorities of General Hospitals compelled to admit patients afflicted with infectious diseases?

[We think not. The City Council (Toronto) have settled this question in part, however, by the establishment of a small-pox hospital outside the City limits. We understand that a ward is also to be fitted up in the same building for fever patients.]—ED.

TÆNIA IN A NEW-BORN INFANT.—Dr. S. G. Armor, in the *N. Y. Med. Journal*, Dec., 1871, mentions a case of this kind as having occurred in an infant 5 days old, in the Long Island Hospital. The child was seized with trismus, and a dose of calomel and castor-oil having been given, it passed segments of tape-worm. Ol. terebinth. and Ol. Filix Mas. were then administered, and the child recovered after having passed numerous joints. Two months after confinement the mother was also treated for Tænia, and passed seventy segments. The question is, how did the Tænia find its way into the intestines of the fœtus *in utero*?

Dr. Headland, the author of "Action of Medicines," has been appointed to the chair in Charing Cross Hospital, made vacant by the death of Dr. Hyde Salter.

OF "ERICHSEN'S SURGERY" 5,370 copies were purchased by Government during the war of the rebellion, and distributed to the medical staff. The author did not get a dollar of the money, the American edition having been "pirated."

TETANUS has been cured in France, in a number of cases, by extremely hot air baths, followed by hypodermic injections of morphia.

CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

DEAR SIR,—On learning this evening of the sudden death of an acquaintance in Ottawa city, of small-pox, and of the increase of the disease in that place, I thought I would humbly suggest, through your valuable journal, the propriety of adopting, if possible, some means to stay its ravages. It is simply that of ordering the person or persons, suffering from that disease, to anoint their bodies and limbs throughout, with carbolized oil, daily; and also to daily wash their bodies thoroughly with soft water, slightly carbolized; the anointing to be performed after the whole person has been washed, and gently dried with some soft fabric. This process should be commenced before the patient or patients are allowed to leave their sick room, and continued until such time as all the diseased skin has been removed, and a new and healthy one formed. My object in this plan of treatment you will perceive, is to prevent the spread of this much dreaded malady, by keeping the particles of diseased and desquamated skin from being set free from persons who have recently suffered, and contaminating healthy persons, by being inhaled or deposited on their exposed skin, while slight or imperceptible perspiration may be on its surface, and (the floating and free particles) adhering, soften with perspiration, and the poisonous or contagious part absorbed. These floating particles may also get into the water drunk, or food eaten, and thus be a mode of contagion. I would like to impress on the minds of my medical brethren, that every effort should be brought to bear on the treatment and prevention of spreading of such a fell destroyer, and disfigurer of the human family. It is for this reason that I humbly offer these suggestions, trusting they may be of some service to the profession, as well as to the public; for as far as I can learn, it was through some persons who recently had the disease, visiting the office of my late acquaintance that he took the disease which so suddenly bereft his mourning family of one so dear. Some members of the profession I have no doubt will not believe in such modes of contagion, but, I assure you, I have some proofs of this theory in practice. A man, travelling up the river Ottawa, a few years ago, "put up" at a hotel,

where some short time before, a death had occurred from Small-Pox. He slept in the same bedroom, and, I believe, in the same bed in which the man died. On his return home, the premonitory symptoms began to be manifest, and soon a virulent case was before the eyes of my confrère, Dr. Cranston, under whose care he was placed. During his illness, he was attended by an old French woman, who paid occasional visits to the house of her son, and also her own home, where her daughter, who was *non. comp. ment.*, also resided. The old woman was not attacked, but she was the medium of contagion to her son's children and her daughter, who were seized with the disease, and all passed safely through its different stages, excepting the baby, who died of a complication of congestion of the lungs. It was during my attendance on those people, and noting the case of my friend, Dr. C., that I was first led to believe in this mode of contagion. I would ask you what was the mode of contagion in Small-Pox breaking out in Ottawa? I am led to believe, that it was through the medium (if I may be permitted to use the word in this way) of the Manitoba Commissioners or Representatives, during their visits to the capital. I believe, that another mode is, through the furs and buffaloes brought from Manitoba, where, you are well aware, that the disease has been so rife amongst the half-breeds, from whom those furs and buffaloes have been purchased, either directly or indirectly, and sent abroad throughout this and the old country; where, according to some of the old country journals, the disease is showing itself in some of its worst forms. This may appear hypothetical, but further and deeper investigation will reveal this to be a fact, when many a patient has been laid beneath the sod, and many others have been disfigured. Every effort of a sanitary nature should be put forth to save life, relieve suffering, and prevent disfigurement. I would also recommend those who have not taken the disease, to have their clothes, when taken off at night, sprinkled with carbolized or other disinfectant powder, folded up, and left until morning. Further, medical men or others in attendance, should wear an indian rubber coat and overalls, to be left in a convenient and suitable entrance, that they may change their every day garments for those less liable to retain the infection. That sir, was my plan while attending my cases, and I had the satisfaction of not seeing it spread.

Yours respectfully,

A. ARMSTRONG, M.D.

BOOK NOTICES.

THE PRINCIPLES AND PRACTICE OF SURGERY by John Ashhurst, Jr., M. D., illustrated with 523 engravings on wood. Philadelphia: H. C. Lea. Toronto: Adam Stevenson & Co.; pp. 1010; price, \$7 50; cloth, \$6 50.

The general arrangement of this work is similar to Erichsen's, of which Dr. Ashhurst was American Editor. The author has succeeded admirably in condensing into a volume of a thousand pages all the surgical information which the general practitioner requires. The work is fully abreast of the times and contains all the modern improvements in surgical science which have proved satisfactory in the author's hands. While in a great measure compiled from other works the author claims for it something more than a mere compilation. The illustrations are borrowed largely from previously published works, but include some that are entirely new from original drawings and Photographs. Considerable space is directed to the subject of Anæsthesia, the author's favorite anæsthetic being *Ether*. Diseases of the eye and ear, mouth and jaws, are also dwelt upon at considerable length. It is on the whole a very desirable work, and will be found especially useful to medical students and general practitioners.

The American Journal of Obstetrics and Diseases of Women and Children,—published Quarterly at \$5 per annum. Sample copies may be had from the publishers for 50 cents, one-third its cost. Wm. Baldwin & Co., 21 Park Row, New York.

BOOKS AND PAMPHLETS RECEIVED.



The tenth volume of Wood's Household Magazine begins January, 1872. Among its regular contributors we find the names of Horace

Greeley, Dr. Dio Lewis, Dr. W. W. Hall, Harriet Beecher Stowe, Gail Hamilton, and many others of equal celebrity. Terms, \$1 per annum. Liberal premiums are offered to those who get up clubs. We have just received a nice chromo of

the Niagara Falls, as a specimen. This chromo will be sent to any one who sends three subscribers, or for one subscription three years in advance. Address, S. S. Wood & Co., Newbury, N.Y.

L'UNION MEDICALE DU CANADA.—A French medical journal published in Montreal. Edited by J. T. Rottot, M.D.; assistant editors A. Dagenais, M.D., and L. J. P. Desrosiers, M.D. The first volume begins 1st January, 1872. Terms, \$3 per annum. We wish our French contemporary every success.

The Mutual Relations of the Medical Profession, its press and the community, by Dr. Storer, Jr., of Boston. James Campbell & Son, publishers.

Inaugural Address, including a paper on Infant Asylums, by A. Jacobi, M.D., President of the New York Medical Society. Reprinted from the *New York Medical Journal*, Jan., 1872. New York: D. Appleton & Co.

TO SUBSCRIBERS.

Having adopted the Cash-in-advance system in reference to the subscription of the CANADA LANCET, the immediate payment of all arrears is most respectfully urged upon subscribers. The experience of the past year renders the adoption of this plan absolutely necessary, as the outlay for printing, &c., is very heavy, and must be paid for as soon as the work is done, and in addition to this the postage must in all cases be prepaid.

While anxious and willing to promote the interests of the profession in this country in every possible way, it is not reasonable to expect any great financial sacrifice; nor is it reasonable for subscribers to expect a medical journal of 64 pages postage free, for a whole year or more, without any remuneration. It is to be hoped that subscribers in arrears will give the above their immediate attention.

J. FULTON, M.D., M.R.C.S., &c.,

Editor and Proprietor.

THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

MARCH, 1872.

No. 7.

Original Communications.

PHENOMENA OF LIFE MAINTAINED AND CONTROLLED BY TWO ANTAGONISTIC PRINCIPLES OF INNERVATION.

(Continued from April Number, 1871.)

"For he who studies nature's laws
From *certain* truths his maxims draws."

BY J. G. FREEL, M.D., MARKHAM, ONT.

The design of a medical journal is not only to disseminate practical information among the members of the profession, but to create at the same time a desire for scientific investigation. To accomplish this double object a generous criticism is an indispensable requisite. To allow all the productions of correspondents to go unchallenged is, in a measure, to tacitly acquiesce in their correctness, and thus, possibly, in some instances, to mislead the inexperienced. In this respect, the report of "Barbarous treatment by a Midwife" deserves a passing notice. The propriety of the course adopted by the medical attendants is rather more than questionable. Turning is always formidable,

involving a mortality to mothers of one in fourteen; while chloroform, when the patient was already "nearly unconscious," greatly increased the danger without in the least facilitating the indicated operation. The child being dead beyond doubt, prompt evisceration and delivery with the crotchet would have afforded to the mother the greatest possible chance for life. Reports without *post mortem* examinations are unsatisfactory, if not absolutely valueless. The true cause of death in this case must ever remain a doubt. Was there injury or partial rupture of the uterus, caused by turning, or was the system too enfeebled to be able to rally fully from the anæsthetic state? Certainly the "getting up," however reprehensible, is scarcely sufficient alone to account for "fatal collapse, or the formation of clots in the heart."

In the April No. of the *Lancet* the author of "Phænomena of Life" solicited a critical examination; but neither the Editor, himself a respectable author and an eminent teacher of physiology, nor any one of his learned correspondents has, as yet, deigned to notice the subject. Surely the question, though emanating from an obscure source, ought to be considered sufficiently important to the advancement of medical science to merit a careful investigation. So deep and universal has been the impression that a beneficent Creator, who has assigned definite laws for the government of the universe, would not have left man, the only portion on which he has stamped the divine image, to the operations of mere chance, that philosophers, in every age have invented theories designed to explain the "*animating principle*." The hypothetic "*Entity*" of Aristotle, and the "*Materia Vita*" of Hunter, with all intermediate shades of conjectures, aim at explaining vital action by some mysterious agent, which is in a measure, independent of the organism itself. It is evident that an organic system, to be perfect, must contain within itself some principle of action capable of maintaining and regulating its operations, and as every piece of mechanism from the Great Architect bears the impress of perfection, we must consider the *vis vitæ* an inseparable part of the being. What philosophers sought for in vain, physiologists explored the human system to discover, and men of science ardently desired to know, is found, as might have been expected, in the simple arrangement of the two nervous systems, admirably adapted to preside over organic

functions. The author claims no greater merit than having possessed discernment enough to discover and gather up materials ready formed by the great masters, and strewn broadcast over the pages of medical literature, which, like the blocks for Solomon's temple, though hewn and polished in distant regions, when brought together, fit completely into a structure of beauty and symmetry.

Thus the experiments of Bernard, which have been fully confirmed by subsequent investigators, prove to an absolute certainty the existence of a law of antagonistic innervation presiding over capillary function. Extirpation of the superior cervical ganglion produces instantaneous congestion of the corresponding side of the face, with consequent augmentation of temperature, while destruction of the fifth nerve induces exsanguination and consequent diminution of temperature. Now, it is plain from these results that the sympathetic centres contract the capillaries, and that the sentient nerves must contain nerve fibres specially endowed with the power of dilating these vessels, and that the systems of centres normally form an equilibrium of action commensurate with the due performance of organic function. It is also proved by experiments more than sufficiently numerous, that the two systems possess very different degrees of susceptibility; while the cerebro-spinal system responds to the least possible impressive influence, the ganglionic only obeys an intensified action; but when once fully impressed, the action is far more forcible and prolonged. Necessarily then, an impulse is first felt by the more susceptible, which are the capillary dilators, and if an exaltant impression the vessels expand; but if a depressant, they contract, the ganglionic contracting force remaining unchanged till the impress becomes sufficiently intense to exalt or depress their dynamic power, when, their action being more persistent and energetic, overcomes that of their antagonists, and produces partial or complete occlusion of the capillaries, or sinks more rapidly from a depressant influence, leaving the antagonistic dilating innervation unbalanced, and consequently these vessels become everywhere expanded. These phenomena are manifested in all nutritive, therapeutic and morbid influences. The contact of food with sentient ramifications in the mucous membrane of the stomach produces an exaltant impression on the nervous centres presiding over the capillaries

which furnish the gastric glands with the elements from which the solvent is elaborated, and the whole membrane manifests an increased redness, and the gastric juice begins to flow. All therapeutic influence is either exaltant or depressant. The characteristic phenomena of each are fully described in the first article on the "Phenomena of life," and, therefore, need not be here repeated; but morbid action, being always depressant, and consequently inimical to life, requires further illustration. The first influence of morbid action falling on the sensitive dilators, the capillaries are necessarily contracted by the unbalanced force of the ganglionic centres, and as heat is principally generated in these vessels, a consequent diminution of temperature inevitably results; hence the universal sensation of coldness, less or more severe, which ushers in every disease. A convincing illustration of the operation of the law is furnished in the symptoms of concussion. The patient is pale, cold and shivering, and if the shock be severe enough to induce complete occlusion of the cerebral capillaries, the functions of the sensorium are suspended and consequent insensibility results. The *neurometer* here points with unerring precision to the comparative influence of the two antagonistic nervous centres, the vessels of the iris being contracted, are correspondingly elongated, thereby closing in and diminishing the size of the pupil. But when the depressing force of the shock reaches and sends down ganglionic innervation to a level with its antagonistic force, the brain being again supplied by blood, consciousness returns; but should the depressing influence continue ganglionic exhaustion, the appearance of the phenomena is diametrically changed, the surface becoming red, hot and perspiring, while insensibility gradually returns as the inspiring influence of the cerebral ganglia diminishes, the *neurometer* indicating in the expanded pupil the depressed state of the ganglionic force with the consequent preponderance of the dilating; when ganglionic innervation is completely exhausted, animation necessarily ceases.

The phenomena of fever also assume their appropriate place in the demonstration of this universal law. All morbid agencies capable of impressing the nervous centres with the essential characteristics of Fever act as direct depressants. This is manifestly true from the feeling of depression in the forming stage, and the prostration throughout the disease. It is wholly incon-

ceivable how men of great intellect could ever have entertained an opinion that vital action is preternaturally exalted in any disease, and, therefore, required to be depressed. The influence of exaltants is indispensably necessary to the maintenance of animal existence. In fact, the human system is a miniature distillery, converting the amylaceous principles into carbon, hydrogen and oxygen in the exact proportion required for the production of alcohol, which is to be used up in the generation of heat. Hence, the universal appetite among all races of men for stimulants; while depressant influence, being inimical to life, is intuitively dreaded and, if possible, avoided.

The reception of morbid agents into the system at first reduces dilating nervous force, and, as in shock, induces the inevitable chill, the cold stage lasting till the zymotic principle sends down contracting innervation to a level with the dilating, when the system gradually regains its accustomed warmth; but ganglionic force, descending below that of its antagonist, leaves dilating innervation unbalanced, the capillaries are dilated and the surface everywhere assumes a hyperæmic appearance. Circulation and respiration being increased by the preternatural supply of blood to the organs presiding over these functions, a greater quantity of blood, in a given time must pass through the lungs, and more oxygen absorbed than normally; and as the amount of heat evolved is always in proportion to the quantity of oxygen consumed, an elevation of temperature is an inevitable result. In intermittents, decidedly the mildest type of fever, the hot stage is succeeded by the sweating, in which the miasm is eliminated, when a fresh accession of miasm is necessary for the full development of another paroxysm, and the length of time required to depress dilating innervation sufficiently to induce another chill marks the intensity of morbid action, quotidiens being always more severe than tertians or quartans. It is but reasonable to suppose, all things being equal, that an intermission equal to the first will be required for the development of each succeeding paroxysm.

The very intimate relation existing between inflammation and fever has induced many eminent observers to consider them identical. The only physiological difference consists in the former arising from depression of certain nervous centres alone, while in the latter the depressive influence is general. When

the capillaries are relaxed in any particular part, a determination of blood is, in obedience to a hydrodynamic law, an inevitable result. The vessels having lost their tonicity by greatly diminished, if not suspended ganglionic innervation, become gorged with blood, and the parts present the characteristic phenomena of inflammation, "pain, redness, heat, tension and swelling." The vessels becoming attenuated from excessive expansion, soon allow exudation, with ultimate disorganization. The doctrine that inflammation arises from the "irritation of a stimulus" has led to an error in practice fatal to millions. The very term "irritation" creates an instantaneous sensation of depression. The phenomena produced by the application of an irritant prove incontestably the depressant nature of the impression. When applied to the web of a frog's foot, or the transparent mesentery, and viewed with a microscope, the vessels are seen to contract and the surface become pale; but as soon as the impulse depresses the ganglionic force below its antagonist, the vessels expand and an active state of congestion ensues.

Now it is evident if this be the law, and successful refutation is challenged, that the only therapeutic agent capable of contracting congestion is an exaltant. Nothing herein asserted is required to be taken as proved until it is confirmed by actual application. We have settled the question of treatment to our own satisfaction, and only ask others to fairly do the same for themselves. In our own practice, as well as in that of our former associate, the late Dr. Lloyd, every case of pneumonia or pleurisy when seen and treated in its incipient stage, has been subdued within forty-eight hours by the administration of a powerful exaltant; while in that of a neighbouring practitioner, a regular Rip Van Winkle, who has been asleep for the last half century, and now still swears by the lancet as the *sine qua non* of successful treatment, patients bled *ad deliquium*, lie in *articulo mortis* for several weeks, and too often succumb to the concurrent depression of art and nature. A satellite of this great orb of past ages bled a man who had sunken into insensibility in a church, till the patient actually expired under the operation. Some practitioners adhere with such tenacity to old prejudices that they absolutely refuse to investigate any new principle. It is said "comparisons are odious," but they are nevertheless valuable as evidences of success. In a case which was taken as a test, a

blacksmith had injured the palm of his hand, and the whole extremity, in a few hours, became very much swollen, reddened, and excruciatingly painful. We ordered pulv. opii, grs. vi to be taken at once; two 4th year students watched the progress. The patient soon became partially narcotized, and remained in a state of semi-unconsciousness for eight hours. The redness and swelling began to disappear gradually, and when he awoke the arm appeared perfectly exsanguinated; nor did inflammation ever re-appear in the least. This case furnishes convincing proof of the character of inflammation and of the nature of the counter-acting agent required. A person insensibly intoxicated is pale as death, cold and shivering. In such a state of complete capillary occlusion, congestion is a physical impossibility. We offer with great diffidence to the profession, these proofs of the existence of a general law which animates and controls vital action, trusting confidentially to the impartial judgment of liberal and intelligent judges. The green-eyed prejudices of the days of Harvey and Jenner are happily past forever; we may, therefore, be assured of a critical, but candid and fair review. This article is intended only as an extension of the first, and any review should be of both. Is any one prepared to defend the muscular hypothesis of the iris, and philosophically explain thereby the *modus operandi* of the irian phenomena? Has any one tested the truth of our experiments on the expansion of arteries? Is there no champion ready to couch his lance in defence of the doctrine "*similia similibus curantur*?"

THE SELF-RETAINING FLEXIBLE CATHETER.

BY KELLY ADDISON, M.D., FARMERSVILLE.

Having lately seen in your valuable journal reference to the subject of retaining the catheter in the bladder, I most respectfully submit to your readers, with your permission, the method which I have adopted for a number of years past to effect that purpose, and with the most satisfactory results.

I take a common flexible catheter, and with a pen-knife, or a heated wire, make several small perforations in it within the space of about three inches of the point which is to remain in

the bladder. I then arm a common sewing needle with a piece of saddler's silk thread, and making a small knot on the end, I pass the needle through the eye of the catheter and out at its point, drawing the thread out to the knot. I next insert the needle into the upper or pubic surface of the catheter, (if I may so say) about $3\frac{1}{2}$ inches from its point, and with the assistance of a piece of wire, draw the needle and thread through the inside of the remaining portion of the catheter to the ivory ring. Three and a half inches of the thread are thus outside of the catheter, and the end of the remainder hangs out at the ivory ring. I now insert the wire stilet which belongs to the catheter into it, and having given the instrument the ordinary bend, and warmed the portion which is to enter the bladder in water at blood heat, I pass it into the bladder. Withdrawing the stilet $3\frac{1}{2}$ inches, I seize the end of my thread and pull gently upon it, thus causing the portion of the catheter within the bladder to assume the form of a circle having the diameter of one inch. The thread being fastened to the ivory ring, the stilet is now completely withdrawn, and the catheter is prevented from falling out by that part which is in the bladder being bent into a circle. I usually find no difficulty in removing the instrument; by twisting the thread around the stilet, the knot will be disengaged and the instrument may be removed in the ordinary way.



THE FLEXIBLE CATHETER AS IT APPEARS IN THE BLADDER.

The circular bend of the flexible catheter, as above, may also be attained by inserting three inches of the most curved portions of two old watch springs (which may be obtained gratuitously from the nearest watch-maker), through the eye of the catheter. By putting the instrument in water at blood heat, and withdrawing the stilet, the catheter, *self-acting*, will form the required circle. By re-inserting the stilet, the bend in the catheter will be sufficiently removed to admit of the withdrawal of the instrument.

A surgeon is called upon to go a dozen miles to visit a patient who has been suffering extreme pain for many hours from retention of urine; peradventure he has been tampered with; in vain

efforts to relieve him he has already lost ounces of blood ; he has a false passage ; the surgeon cannot visit him again for a number of days, and there is no one into whose hands he may be intrusted ; is it not something to have a method at command upon which the surgeon can depend to continue relief to him for a number of days in succession, or even a week, with entire confidence that there will be no slipping of the instrument, no matter what position the patient may assume, or in what measure he may exert himself?

Again, we see in the hospital some poor fellow lying on his back, with a card at his head announcing a wound of the perinæum. He has been there for weeks, perhaps months. When the visiting surgeon comes along, we discover an upright metallic catheter bound to his body with numerous appliances. For him to turn to one side or the other will be accompanied with pain ; to sit up in bed or walk a step will be at the risk of the slipping of the instrument out of the bladder, and the contracted bladder rests upon the *point* of the instrument. Will not the self-retaining flexible catheter, which will not necessitate absolute rest, but allow of bodily motion without inconvenience or risk, be a comfort in such a case?

GANGRENE OF THE LUNG.

BY W. S. CHRISTOE, M.D., FLESHERTON, ONT.

As affections of this kind are very rare, I am induced to publish an account of the following interesting case:—

Mrs. C., æt. 30, Multipara, was attacked with premature labor on the 14th of December last. Post partum Hemorrhage was the cause of my being called. When I arrived I found my patient blanched from loss of blood. The ordinary means of cold to the vulva and a good dose of ergot soon arrested the hemorrhage, and left her tolerably comfortable under the circumstances. On the 16th, however, I found her in great fever; setting in after a lengthy shivering fit. My diagnosis was *Weid*, and I treated her accordingly. During the sweating stage she indiscreetly exposed herself, and the result was a fearful attack of pleuro-pneumonia of the left lung. Pleurisy was

easily discovered, but the pneumonia was very insidious and obscure at first; the signs, however, soon became apparent,—the characteristic sputa and chest symptoms placed the diagnosis beyond doubt. My patient being already debilitated, antiphlogistics were out of the question. The stimulating method of treatment was the one I adopted. Ammonia in excess was administered freely, under which the acute stage soon gave way, and nothing remained apparently but exhaustion and hepatization. Every thing promised success; but I was again doomed to disappointment, for bronchitis in the right lung became quite prominent. Ronchus and sibilant rales were present, rendering respiration difficult in the extreme. I pushed the same class of remedies with a firm hand, until once more I began to anticipate a favorable issue; pulse was reduced to 84, and she was enabled to change her position in bed, which for weeks had been principally on the left side.

From this point gangrene of the left lung began to manifest itself. The expectoration increased, with occasional vomiting and diarrhœa; the fetor was horribly offensive, and the patient almost in a state of collapse. My prognosis was certain death, and that, too, very shortly. Remembering the advice of former days—"never give up"—I ordered stimulants, wine and brandy, and gave her the hypophosphites of soda and lime, alternating with the following mixture:—

R—Quinia Sulph.,	grs. xxx.
Acid Nitro Hydrochlor,	3 v.
Tinct. Aurantii,	3 ij.
Aqua ad.,	3 iv. Ft. Mist.

Sig.—One teaspoonful in water every six hours.

On the 21st of January her case became alarming; I asked for a consultation, and on the following day my esteemed friend, Dr. Gunn, from Durham, came down. Our diagnosis and prognosis were identical. A distinct cavity was located low down, posteriorly in the inferior lobe of the left lung, the superior lobe still hepatized. The treatment from this point was much the same: the quinine was increased to two-grain doses; stimulants were likewise increased,—eight ounces of brandy was ordered in the twenty-four hours, with egg,—wine with ordinary drink

ad libitum. The quinine, however, disturbed the stomach, and it was reduced to the former dose. During the Dr.'s visit, one of her worst fits of coughing occurred, with excessive expectoration; the fetor was so obnoxious, we could scarcely remain in the room. I continued my visits to her, and pushed the remedies; but, I confess, with feeble hopes. On the 3rd inst. I was called in great haste to see her, some other complication was said to have set in, and she was in severe pain. I should not have been disappointed to have found her dead; she, however, only had some bearing-down pains,—nature, probably, trying to restore the catamenia. I made a pretty general examination, and for the first time pronounced her convalescent; pulse lower and fuller, hepatization much diminished, sputa changed, and fetor gone. This announcement served her as a wonderful invigorating tonic, for on February 9th she took a short drive,—contrary, however, to sound judgment. The latter treatment was a simple cough mixture, with the syrup of the hypophosphites, and a tonic composed chiefly of the lactate of iron, under which she is rapidly improving.

REMARKS.—First. This case shows evidently that circumscribed gangrene is not necessarily fatal—notwithstanding the dark picture usually drawn by the books. It is our duty to persevere and hope against hope.

Second. The symptoms might have been given, *in extenso*, but it would only be a repetition of what has been written over and over again. In this case the sputa seemed to be the most characteristic. Dr. Aitkin says the fetor resembles that of newly made lime; and, so far as my recollection goes, he is correct,—when the sputa is moderate and is spat in masses; but when those cavities are emptied by vomiting, and the sero-purulent greenish-like fluid—mixed with small pellets of gangrenous lung—to the extent of eight or ten ounces, the odor of newly-made lime is pleasant in comparison. The odor is, in reality, *sui generis*.

Third. I am convinced her persistent decubitus on the left side very materially favored this state of the lung—the circulation already enfeebled—gravitation would only hasten complete engorgement and congestion, as sometimes occurs in low fevers, and consequent death of the part; the primary materies morbi, of course, being the cause.

Fourth. This case furthermore demonstrates—that is if our diagnosis be correct—that cavities in the lung will heal, corroborating statements, by the late Dr. Rolph and others,—proved by cicatrices having been found in the lungs of subjects in *post mortem* examinations.

Fifth. Another point might be mentioned,—the length of time elapsing between the hepatization and the evidence of gangrene, I presume, about two weeks. It is quite reasonable to suppose that it existed some time before evidencing itself, and that as soon as softening took place, and expectoration commenced, the secret became known.

The complete success of this very interesting, yet complicated case, has taught me never to despair, but to diligently push remedies to the last. But for this she had died, and further testimony would have been added to the fatality of gangrened lung.

CASE OF CATALEPSY.

BY S. S. CORNELL, TOLEDO, ONT.

I desire a small space in your valuable journal for the purpose of recording a case which may prove interesting to some of the young practitioners who are now engaging upon their professional duties, and who have not had the opportunities of witnessing all the mysterious phenomena pertaining to the nervous system so common to be met with in the sick room.

This case, however, is a little out of the common order—one of its kind—that may be ranked as somewhat extreme,—unusual to say the least.

On the 20th of January last I was called to wait upon Mrs. H., adjacent to Frankville, Leeds Co., æt. 30, in her second confinement. The process of labor was of an ordinary character, the patient greatly dreading each successive pain, which was, as she described it, “intolerable to be borne.” I found, upon digital examination, the cervix uteri much swollen and tender,—the os uteri extremely sensitive and rigid. Prior to confinement she gave evidence of vague uneasiness for about eight weeks, passing very sleepless nights; restless; troubled dreams; thoughts of impending dissolution; “a yielding up of

all earthly ties;" "a desire to depart and rest with the saints," to use her own language. She, for the most part of the time, felt "as though she neither had any friends nor foes."

I was consulted about three weeks before her accouchement, found her unable to exert herself, as being on her feet tended to aggravate her distress and increase her nervousness. I ordered her to take some pills, composed of asafœtida and iron at night, and valerianated elixir of ammonia through the day; to use light diet and keep off her feet as much as possible. Under this treatment her sleep was of longer duration, and not as much disturbed with frightful dreams or imaginary evils. So passed away the time until her accouchement.

The first 48 hours after labor was passed quite well, but at this time she experienced a severe chill which lasted over an hour, followed by a sharp febrile movement; pain and tenderness felt upon pressure over the uterus, accompanied with slight tympanitis. The chest sounds were clear, except over the lower lobe of the left lung, which gave evidence of hepatisation. The lochia was suppressed; the urine scanty and high colored. There was some delirium; the pulse 148, tongue having a light creamy coating. Mustard sinapisms were ordered over the uterine region, lower lobe of left lung, and to the feet; a brisk cathartic was given, composed of the compound aromatic cassia powder, followed in two hours with an enema containing ol. terebinthinæ. After the aperient action of the medicine was over, she was placed under the following treatment:—pulv. ipecac. et opii comp. in suitable medicinal doses, alternated with tr. veratrum viride. Saw the patient next day,—pulse 130; febrile movement abating; patient perspiring freely; not so much tenderness over the uterus as on the former day; breathing not so rapid or laborious; some cough, attended with expectoration of rusty sputa; lochia still suppressed; no secretion of milk; thirst great, and appetite wanting; occasionally some delirium. Ordered continuation of medicine and use of enemata, containing ol. terebinthinæ; sinapisms to be renewed, followed by warm poultices of pulv. ulmus fulva; gave beef tea, and occasionally a glass of port wine, lemonade, &c.

On the 25th saw patient again,—more tranquil; no delirium; not much thirst; skin a little above normal temperature; pulse 98; local tenderness subsiding; lochia slightly appearing; no

secretion of milk; cough light, and expectoration mucus. Patient has had but little sleep; ordered an enema of milk of asafœtida and ol. terebinthinæ; discontinued the veratrum viride, but continued the Dover's powder with Aselepin, wine, beef tea, lemonade, &c.

26th. Found patient much better; pulse 84; rested quite well; felt an appetite; no cough to speak of; lochia profuse; some pain in each mamma; no milk; some tenderness over the uterus; withheld all former medicine; used an enema as before; ordered vaginal injections of warm mucilage, containing a small quantity of carbolic acid; gave beef tea and port wine once in eight hours; as a tonic, the following,—elixir valerianate of ammonia, and syrup. ferriphos. strych. et quinaæ. ââ ʒ ij, *Pro dosis*,—a teaspoonful once in four hours.

27th. Pulse 78; patient tranquil; a little milk in each breast; no abnormal thirst; soreness everywhere abating; has a desire for food; was allowed coffee, beef-steak, and toast; tonic continued, and also the wine; continued the vaginal wash; lochia yet profuse.

28th. Patient much improved; pulse 78; rested well; feels a desire for food; copious secretion of milk; lochia still profuse; feels weak, but in good spirits; ordered continuation of treatment, and took my leave of patient.

Now comes the sequel. The patient passed the next 48 hours most beautifully, except on the night of the 30th she could not sleep; otherwise the nurse thought she was doing extremely well. A peculiar change was soon discovered taking place with the patient; her acuteness of hearing was extremely great; could hear and reiterate the sentiments of persons in the adjoining room, who conversed, as they declared to me, in a low whisper, and that they conceived it impossible for a person to hear a word whispered six feet from them; yet this patient, at a distance of twenty feet or more, with closed door, could tell the sentiments exchanged. This was done several times, and finally the patient called her husband to her, kissed him; then called her little boy three years old and her infant, kissed them, and then bid her friends adieu. This procedure of my patient awoke a deep interest in the minds of the nurse and friends, who now became alarmed. The nurse persuaded the friends to leave the room to her and the patient, as she thought after a little Mrs.

H. would fall into a repose ; but instead of sleep our patient lay speechless and motionless, with eyes staring wide open, no signs of respiration ; they opened her mouth to see if she would swallow, but in vain, her lower jaw remaining depressed as the nurse had left it. Attempts were now made to arouse her by calling loudly in her ear, but to which she paid no attention. They thought her dead, and that it was useless to send for medical aid ; thus passed away twelve hours, when her husband dispatched a messenger for me. When I arrived and entered the room I was shocked to see what struck my fancy to be a waxen figure or a frozen corpse in lieu of my former patient. There she lay with under jaw depressed, eyes staring and wide open, without winking, the pupils a little dilated ; skin cool, almost the feel of a corpse before stiffening ; pulse 122, feeble, no sign of respiration. In examining the pulse I raised the arm to see if that would cause any difference in the pulse. There it remained for nearly an hour, when I put it down by her side. There was but slight resistance offered to any change of her limbs or person ; but whatever attitude a limb was placed in, there it remained. I now brought her under jaw up to its place, and it remained. I was importuned to do something for the patient. What to do was, with me, a paramount question. The thought occurred to me that I might administer an enema of strong solution of *asafoetida*, which I did to the amount of a quart ; and this was very easily done, as there was not the slightest resistance. Still the patient lay as lifeless as ever for about an hour, when a few slight convulsive movements were observed, and she aroused to consciousness. She looked about her, asked what had been done with her corpse, as it appeared to her that her friends desired her to remain for a season, but her judgment dictated to her to again depart and take her infant with her. I gave her several doses of *asafoetida*, fluid extract of valerian, beef tea, &c. She now desired to be left alone, as she said she had an important duty to perform, and the presence of persons, however nearly related, was detrimental to her welfare. She was satisfied for me to remain with her alone, as she said, "from the days of antiquity, deference had always been paid first to the priest and then to the doctor."

She remained quiet for, in all, a period of six hours, taking beef tea, valerianate of ammonia, *asafoetida*, and bromide of potas-

sium. Soon she drew the sheet over her face, and then placed her arms over her chest, and lay straight in bed; she lay so quiet and still that I felt induced to remove the sheet, when, as I had feared, I found her in a second trance. (?) Eyes wide open, pupils a little dilated, but would contract under the influence of strong light; skin cold—of a deathlike feel, no rigidity of the muscles; pulse 112, and very feeble; not the first sign of respiration, no movement of the nostrils. I now lifted her body up to an obtuse angle with her lower limbs, I next raised one arm and then the other, and in this position I left her for several minutes. I now stepped back, gazed upon my patient, who, in a semi-sitting posture, with staring eyes, with out-stretched arms, and lifeless appearance, appeared as though a corpse had thus been placed, and left to stiffen. I then laid her down upon the pillow, raised her body up, having her head on the pillow in the attitude of *opisthotonos*, and thus she remained; after a period of twenty minutes, I gave her a slight push, and she fell on her left side with her body still having the same curve. I now straightened her out in bed, spoke loudly to her several times, but no response. I again repeated the *asafoetida* injection, containing *ol. terebinthinæ*. To please her friends, I tried several times to have her swallow, but all to no purpose. I held to her nose strong *aqua ammonia*, which affected her in no perceptible way. In this state she lay about eight hours; when consciousness returned, she related what she saw while in the other world. This time she was not so composed and tranquil as when she came out of the first trance. (?) Her symptoms now assumed more the character of *Hysteria*, her limbs were affected with convulsive twitchings, and she screamed loudly without giving utterance to any cause for so doing.

When she went into the second state of mental abeyance, my views were, as soon as consciousness returned, that she should be brought under some powerful anæsthetic, whereby her mental state might recuperate. Whether this should be produced by chloroform, ether, or hydrate of chloral was not fully settled in my mind. I therefore sent for Dr. Addison, of Farmersville, who arrived just after her imperfect return to consciousness.

It was decided at once to give her hydrate of chloral, of which she took seventy grains in the space of an hour, after which, she fell into a profound sleep, and did not awaken for twelve

hours. On arousing she was tranquil and composed, but felt extremely weak. She desired to be left alone as much as possible, as the presence of any one but her nurse gave her emotions of uneasiness. She is slowly convalescing, but her affection assumes the ordinary character of Melancholia. She is of sanguine, nervous temperament, nervous predominant, medium height, fair complexion, and of a somewhat spare form.

Now, Mr. Editor, was this a genuine case of Catalepsy? I appeal to you, Sir, who as an author and lecturer upon Physiology, may be able to throw some light upon the subject of Catalepsis. I have read the writings of Hoffman, Gooch, Antigenes, Cœlius, Aurelianus, Cullen, and others, but the true pathology of Catalepsis yet remains to me a hidden mystery.

Selected Articles.

DISLOCATION OF THE HIP.

CLINIC BY PROFESSOR WOOD, F. R. S., KING'S COLLEGE HOSPITAL,
LONDON, ENG.

This was a case of dislocation, upwards on to the dorsum ilii, presenting all the characteristic symptoms, viz., absence of the hollow beneath the trochanter, the head distinctly felt in its new position, shortening of the limb and inversion, the toes resting on those of the opposite foot, etc. The accident occurred thus, a carpet was thrown out of a window, and the man as he was passing by endeavoured to catch it, so as to prevent its falling on his head, and in doing so he slipped down on his side.

The man objected to take chloroform. Mr. Wood first tried "manipulation," as the case had happened only two hours previously. Failing in this, traction was resorted to, the pulleys were then adjusted and after a good deal of patience and manœuvring, the dislocation was reduced. No "snap" however, was heard, and there appeared to be a little shortening; this, however was apparent, not real, and owing probably to spasmodic contraction of the muscles, as by measurement it was found that the distance from the anterior superior iliac spine to the great trochanter was equi-distant on both sides, and the distance from the same spine to the outer head of the tibia equi-distant also. The knee and the ankles were tied together and the patient was carried to bed.

Professor Wood observed, that although manipulation had failed in this instance, it might be attributed—1st. To the great muscular development of the man, and 2nd. to his declining to take chloroform; still if they had noticed the several successive manœuvres he had employed, they (the pupils) would have noticed that they were precisely similar to the operation he had subsequently performed, *minus* the addition of the pulleys. That is to say, by first employing adduction, then flexion, abduction and rotation outwards, he had endeavoured to untwist or trick the ilio-femoral ligament and to hit off the opening in the capsular ligament as you do the opening between the subscapularis and long head of the triceps in the humerus. This second part of the manœuvre is by no means easy, and like “chuck-farthing,” you may have to repeat the experiment, that is to employ all the manœuvres aforesaid, before succeeding in returning the head of the bone. What really takes place when you do succeed, is that the pyriformis and gluteus minimus become relaxed, and the head passes between these, and then through the opening in the capsular ligament. In fact a surgeon will best show his ability, who when one plan fails, tries another and so on, until the opening in the capsular ligament is discovered.

Again you must take care before you commence using the pulleys to see that the axis of the displaced limb is in the line of extension.

Sir Astley Cooper says, that if you *stand the patient up*, the shortening is very apparent. Professor Wood has noticed that, from the difficulty experienced by patients with this dislocation, to move the unaffected limb, he has never been able to stand his patient up, nor does he see any possible advantage by doing so. Finally, he noticed that many of the illustrations of hip dislocation in books, represented the patient as lying on a bed while reduction was taking place, such drawings are apt to mislead; the proper place is on the floor and the patient lying on a mat-trass.—*Med. Press and Circular.*



RUPTURE OF MEMBRANES SIX WEEKS BEFORE DELIVERY. — On October 2nd, 1871, I was sent for to attend Mrs. S. in her confinement. On my arrival I found the membranes ruptured, the os uteri of the size of a shilling, and the head penetrating. The

pains occurred at intervals of about ten minutes, and were accompanied each time by a free discharge of liquor amnii. Mrs. S. was the mother of ten children, and all her previous confinements had been perfectly natural. She was of opinion that she had gone her full time, and believed that labour had commenced. No progress being made during the hour or so I stopped, I told them to send for me when the pains became more severe. As I received no message during the day, I called in the evening, and found my patient free from pain and all signs of labour; the abdomen was notably smaller, and she expressed herself as easier than she had been for a month. Matters continued much in the same state for the next six weeks; she gradually increased in size; and when the abdomen attained a certain dimension, periodic pains ensued, accompanied by a copious discharge of liquid, which always gave great relief. Besides those occasional floodings of water, there was a constant drain going on, so that she found it impossible to keep herself dry. At length, on Nov. 15, 1871, labour pains really commenced, and in less than an hour she was delivered of a fine male child, just six weeks after the rupture of the membranes.—S. M. BRADLEY, F. R. C. S.—*British Med. Journal*.

THE ANTISEPTIC TREATMENT OF WOUNDS.

BY OILLIAN NEWMAN, M.D. LOND., F.R.C.S. ENG.,

You will all, doubtless, have seen the scattered notices in the medical journals of the "Antiseptic Treatment of wounds"; and many of you will have read with much interest the admirable Address in Surgery given by Mr. Lister at the annual meeting of our Association in August last. To this novel mode of dealing with wounds I would invite your close attention, convinced as I am that the results, so to be obtained, far outweigh any of the usual sequences of the more ordinary surgical dressings—whether they be looked at from the ready and successful response to the surgeon's art, or from the safety and comfort so ensured by the anxious patient.

My short summer holiday this year was spent in Edinburg; and to the kind courtesy of Mr. Lister I owe the opportunities of close observation of his treatment in many and severe cases in

his hospital practice. On the lessons there learned I have based my subsequent surgical work, and on them, too, as a foundation, I venture to speak to-day, bringing forward some few cases which have been under my own care, and describing, as clearly as I may, the modes of dressing which are employed. Throughout I am but the humble exponent of the views of a most able surgeon, and my only merit is that of having seen what I attempt to paint.

“*Segnius irritant animos demissa per aures,
Quam quæ sunt oculis subjecta fidelibus*”

Whether the so-called germ-theory of disease be or be not correct, is no part of my purpose to inquire; the process would be simply wearisome and ill-managed. The only postulate I ask you constantly to bear in mind is that, for the successful dealing with wounds on antiseptic principles, it is imperative thoroughly to *Exclude the external Atmosphere as such*; and a most rigid obedience to this requirement can alone command the desired success, whether the air be *per se* a toxic agent, or whether it be dust-carrying, and so but a vehicle of those impurities which determine the occurrence of suppuration in an open wound. It is imperative, in other words, that the air in contact with the exposed portions of a wound shall be fully charged with some convenient disinfectant: so charged, it may be admitted to the wound or cavity without risk to the patient or anxiety to the surgeon.

Taken, then, the simple case of an ordinary abscess, in which immediate incision is needed, the antiseptic treatment must be carried out as follows. 1. Destroy any putrefactive material about the integument of the part by washing it thoroughly with a lotion of carbolic acid (one part of the acid in twenty of water), 2. A constant cloud of fine spray must be kept up by an assistant, so managed that the hands of the operator and the part to be incised are always enveloped in the spray: one or more of Richardson's spray-producers may be needed for this purpose. The carbolic acid solution for the spray will be sufficiently strong if made of one part of the acid to a hundred of water. 3. The knife employed must first be dipped in carbolized olive oil (one part of the acid to ten of olive oil). 4. The incision being made, the abscess-cavity may, as far as possible, be emptied by gentle pressure. If any vessels should have been divided and need a

ligature, it should be tied with some prepared carbolized catgut, and both ends of the ligature cut off short. 5. The wound may thus be dressed: a piece of "protective" oiled silk, coated with copal varnish, and then covered with a layer of dextrine, so as to retain a little of carbolic acid lotion (one part to forty of water) on its surface—cut not much larger than wound—should be dipped in the lotion just named and then applied; on this a pad of the antiseptic gauze must be placed, large enough to overlap thoroughly the wound, and not less than eight layers in thickness. Between the seventh and eighth layers, or those most distant from the patient's surface, must be placed a single layer of macintosh cloth, so as to prevent direct soaking of any discharge through the gauze-covering, and to insure that any moisture which may be poured out shall pass through many antiseptic layers and over some wide space before it can possibly be exposed to the impure influences of a septic atmosphere. 6. For the retention of this covering in place, a strip of the above-named muslin (cut to the width of, and rolled up as, an ordinary bandage) may be applied. The slightly adhesive character given to the muslin will make the requisite turns fit very easily, and be less liable to displacement, than the common calico roller. 7. If it be necessary to wait for some little matter—to replenish the bottle of the spray-producer with the lotion, to change the assistant, etc.—the wound should be covered with a piece of rag, dipped in a lotion, containing one part of acid in forty of water. This for convenience, is known as "a guard." 8. Subsequent dressings—first every day, then at longer intervals—must always be managed in the same way. The spray will need to be unremittingly kept up; the fingers to be soaked in the lotion or wetted with the spray; all adhering discharge carefully washed away; and the protective outside pad and bandage applied as before. 9. To small operations, removal of tumours, etc., the above process is thoroughly applicable. If the wound made be deep or tortuous, a tent of lint—a narrow strip—dipped in carbolized olive oil (one part of the acid to ten of oil) must be introduced before the sutures are inserted. At the end of twelve or twenty-four hours this tent may be removed; it will have absorbed the serum oozing from the deeper part of the wound, and so have prevented distension of the deeper parts, and possible formation of pus. 10. In larger operations—*e g.*, amputations—a larger

volume of spray must be secured from two or more of the usual spray-producers, or from the apparatus employed by Mr. Lister. [A new spray-producer, which seems likely to be very effective, has just been sent to me by Mr. Gardner, surgical instrument maker, South Bridge, Edinburgh.] Sponges should, before using, be dipped in carbolic acid lotion (one to a hundred) : when soiled they must be washed, first in clean water, then in a lotion of one to forty ; and then, just before using, in a lotion of one to a hundred. 11. The following cautions may not be out of place. *a.* The lotions for spray-producers need very careful filtration before being used. It is exceedingly easy to choke the fine apertures through which the spray is delivered. *p.* Hold the muslin-padding closely down over the wound until the layers of bandages shall have retained it closely in place ; and leave no channel by which septic air may reach the wound, unprotected by several layers of gauze-bandage. If dressings be loose or displaced, air will soon reach the surface of the wound, and in twelve hours suppuration will be established. *c.* Redress so soon as any trace of stain shall have shown itself at the outer edge of the gauze covering. *d.* Sinuses and wounds opening into mucous canals are ill-fitted for thorough antiseptic treatment.

The advantages may be briefly summed up :—1. The dressing is clean, almost inodorous, and singularly painless. 2. The formation of pus as a consequence of the injury, surgical or accidental, is, with due care, prevented. 3. Erysipelas and pyæmia, if not absolutely extinguished, are very rarely seen. 4. The wounds are free from local irritation, no swelling of incised integument and no local redness are to be noticed. 5. There is no constitutional disturbance (traumatic fever) after even severe operations. The dressings are infrequent, and in themselves free from irritating material. 6. The wounds heal rapidly.

CASES—1. *Abscess in Leg*—T. W., aged 10, was admitted July 18th. 1871, with a large abscess in the calf of the right leg. An incision was made under the spray, and antiseptic dressing was employed. No pus was discharged after the first day. The blood-clot filled up the incision, but soon became organized. On July 25th, he was discharged cured, having been a week under treatment.

11. *Abscess in Breast*.—E. T., aged 17 was admitted September 12th, with an acute and large abscess in the right breast.

An incision was made September 13th under spray; the dressing was as above. No pus was discharged after the first three days. On September 12th, she was discharged cured, having been a week under treatment.

III. *Large Chronic Abscess*.—J. W., aged 18 was admitted September 12th, 1871. She was the subject of old hip-joint disease on the left side. The limb was shortened an inch or more, and the femur was dislocated upwards and backwards on the dorsum ilii. There was a large fluctuating swelling on the left thigh, fully six inches long by four broad, reaching upwards nearly to the trochanter, downwards below the middle of the thigh. It was first noticed six months previously. On September 13th, chloroform was given, and I made a free incision into the swelling on antiseptic principles, letting out thirty ounces of fairly healthy pus, with shreds of areolar tissue. No constitutional disturbance followed. The girl became free from pain, and could at once eat and sleep. Subsequent dressings were applied about every two or three days. Now from an ounce to two ounces of pus are discharged at each dressing. The shreds of tissue are no longer to be noticed. Within the last week some small fragments of carious bone have come away, so the abscess is most probably connected with the old bone disease.

IV. *Large abscess in Lumbar Region over right Kidney*.—W. J., aged 38, was admitted October 5th.: He was much emaciated, and could not stand upright. He had a swelling in the right lumbar region nearly of the size of a small foetal head. Pulse 120; temperature 103 deg. He had hectic fever, much sweating, and loss of appetite. On October 6th, under chloroform, I incised the swelling, evacuating nearly thirty ounces of pus. The dressing was applied as above described. Pulse 96; temperature 98.4. The hectic never returned, and the man is much better. The back is dressed every two or three days, and about an ounce of pus is discharged. I have had occasion (October 15th) to open also for him a large abscess in the perinæum, due, it would seem, to the urethra giving way behind a tight stricture; but this wound, through some urine filters, could not be subjected to antiseptic dressing.

V. *Compound Fracture of Left Tibia*.—M., aged 12, sustained a severe compound fracture of the left tibia in the upper third on September 16th, 1871. On September 18th I saw him in consultation. Two inches of the tibia were denuded, and there was a deep

wound into the calf separating the muscles from the posterior surface of the bone. The wound was filled with blood-clot, which was just beginning to become offensive. I injected some carbolic lotion (one in twenty) beneath and into the substance of the clot. The limb having been securely fastened on a side-splint, the usual antiseptic dressing was applied. A fortnight later, I heard that the boy was doing very well. There was no pus-formation to be seen; no putrefaction; the blood-clot was becoming organized.

VIII. *Fracture of Right Leg at the junction of Middle and Lower Third: Severe Transverse Wound two inches above the Ankle down and into the Tibia.*—W. M., aged 54, was admitted September 8th, 1871. He was thrown this morning at 8 o'clock, when at work with a reaping-machine. The right leg was seriously injured. When he was seen at 2 P.M., there was found to be a simple fracture of the tibia at the junction of the middle and lower thirds. There was a wound about two inches above the ankle-joint, gaping wildly; all the tendons, etc., were divided down to the bone, and the knife of the reaper had made a groove into the tibia itself. He had lost a good deal of blood. The limb was much swollen. The two points of injury, doubtless, communicated. There was hardly an inch and a half of clear skin space between them, and pressure above the fracture made blood well from the wound below. The leg was put up in a swing splint; the skin was washed, and the wound mopped out with carbolic lotion (one to twenty), and a tent of carbolized oiled lint was introduced to the deepest part of the wound. The tent was removed in twenty-four hours. There was large oozing of blood-stained serum on the dressings throughout the first eight or ten days. The man had had no constitutional disturbance. He had eaten meat since the day after admission. He needed no sedative, and had very little pain. On October 4th, from some want of care in the dressing, and the consequent admission of air, a few drops of pus were noticed for the first time, and small suppuration (never more than half a drachm in two days) afterwards continued. On October 23rd, the wound was all but well; the fracture was sound. He was ordered to have a starched bandage applied.

IX. *Incision into Knee-Joint.*—G. B., aged 23, was admitted August 11th, 1871. He had disease of the right knee-joint of fifteen months standing. Since an accidental slip the symptoms had been much aggravated. The joint was much swollen, and he could not bear the slightest movement; there was also much pain on pressure. The

limb had been confined at home by a long splint, and a weight, working over a pulley, attached to the foot; but these measures had given very small relief. Destruction of cartilage was, no doubt, going on. On August 11th chloroform being given, I made a free incision on the inner side and parallel to the right patella, letting out at once about a tablespoonful of sero-purulent fluid. Antiseptic dressing was applied. The interrupted splint and pulley was reapplied. The relief was immediate; the man was at once able to eat and sleep. No constitutional disturbance followed. The joint soon became smaller. The blood-clot, which ultimately became organized, filled up the incision, and through the interior of this clot for ten days or more pus slowly oozed. On September 12th, the wound, which had not been dressed for the past eight days, was now quite well. On October 5th, a starched bandage and paste-board support was ordered to be applied to the limb. The patient was allowed to move about on crutches. On the 20th, he could bear some little weight on the limb, and was in very fair in health.

XI. *Incision into Knee-Joint.* R. F., aged 17, was admitted September 18th, 1871. She had had for a long time weakness in the left knee. Pain and swelling about the joint came on six weeks before admission, since which time she had kept her bed. On admission, the left knee was much swollen; fluctuation was perceptible; she shrieked on the slightest movement. She had lost flesh; had no appetite; and could only sleep with large doses of opium. On September 23rd, Mr. Endowes made an incision on the inner side of the patella, letting out sero-purulent fluid mixed with blood. The patient was under chloroform. Considerable relief followed. In two or three days the appetite was much improved. There was no constitutional disturbance; no redness around the wound; no pus from the wound. On October 3rd, the joint was much diminished in size.

XII. *Ovariectomy.*—S. A., aged 32, the subject of marked ovarian disease, was tapped in July 1871, when thirteen pints of fluid were removed—a solid mass remaining in the left iliac fossa. On September 21st, ovariectomy was performed. Carbolic acid spray was employed, and antiseptic dressing. The pedicle which was thin, was tied in two halves with catgut, and returned. On the 30th, it was necessary to break up the adhesion of the lower part of the wound to relieve the distension from contained fluid. There was a large effusion of blood into the lower third of the abdominal cavity. No putrefaction, however, occurred, and no pus formation until a month

after the operation ; then it was superficial, from accidental displacement of the dressings. The woman is steadily recovering.

REMARKS.—The two cases of acute abscess call for little remark: one was quite well in a week ; the other in a fortnight, from date of incision. The cases of chronic abscess have exhibited no sign of constitutional irritation since the evacuation of the contained matter. Both have been much relieved by the procedure ; and, as yet, without the risk and dangers which not uncommonly follow the emptying of large collections of matter. Both instances of compound fracture were so severe that a few months ago I might justifiably have thought of an immediate amputation. In not one particular has there been in either case a trace of uneasiness either to patient or surgeon. The power of making incisions into large articulations, without even a fear of after trouble, is of no small interest ; and one, if not both, of these patients will probably owe their limbs to the antiseptic dressing. More than once have I seen amputation through the thigh for less marked states of joint-disease. In the ovarian case, I claim nothing more than the prevention of putrefaction, in the large quantity of blood effused into the peritoneal cavity, by the dressing employed. And, too, so far as one single case may be a precedent, this shows also that the spray of carbolic acid (one to a hundred) does not irritate even the sensitive lining of the abdominal cavity. Other cases might well have been added to the list ; but I have chosen these as marked instances of surgical procedure, of not infrequent occurrence, and, I might truly add, not uncommonly followed by tedious recovery or by serious after-trouble when the more usual surgical dressings are employed.—*British Medical Journal*.

ORGANIC BROMIDES.

The success that has attended the administration of some of the inorganic bromides, the potassium bromide especially, has led me in the past few months to prescribe organic bromides, and, as the results of the experience have been in many ways satisfactory, I venture to record them. The physiological action of bromide itself—the element—is definite and well pronounced. In the old parlance it is an irritant, but the term does not strictly indicate all that it effects. To a certain extent a volatile body, it produces, when it is inhaled, a peculiar constricting action in the vessels

which supply the secreting surfaces with their blood, so that inhalation of its diluted vapor makes the mucous surfaces with which it comes in contact dry and painful. After a time there is what may be called a reaction, due probably to the temporary paralysis of the vessels, and then there follows a free excretion of fluid, what the older writers would designate a flux or salivation, attended with some degree of local insensibility.

Applied directly, in the liquid form, to the body, and especially to a mucous surface, it acts as a direct destructive of tissue, not precisely as a caustic, but as a substance which leads to shrinking and slow death, with still more determinate local insensibility.

In combination with other elements, as with potassium, its direct action is modified but not removed. Passing through the tissues in a condition of fine distribution, and probably separating from its ally, it exerts on the nervous matter its special sedative influence, causing, if it be carried far enough, its direct paralyzing influence over the vessels which govern secretion, and leading to a certain extent to decreased sensibility of the nerves which govern common sensibility.

On the whole, bromine may be considered as a medicine which acts primarily on the sympathetic or organic system of nerves and as a modifier of vascular tension; and this whether it be applied locally and directly, or generally and indirectly—*i. e.* in combination.

Thus we may rationally administer bromine with any other substance with which it will enter into chemical form of combination; we may trust to the development of its due independent action without regard to the action of the substance with which it may be combined, and we may be satisfied that it will not materially interfere with the action of the agent with which it has been made to combine.

BROMIDE OF QUININE.—Bromide of quinine is formed by subjecting the alkaloid quinia to hydrobromic acid, or by acting on a salt of the alkaloid with bromide of potassium. The bromide of quinine is soluble, and mixed with a simple syrup, is ready for administration as a medicine. I prefer to employ it as a syrup containing one grain of it in every fluid drachm. The dose of this syrup is from one to four fluid drachms.

BROMIDE OF MORPHINE.—Bromide of morphine is made by a similar process to that used for making bromide of quinine; morphine or a salt of morphine being substituted for quinine or a quinine salt. This compound also makes up best in form of a syrup, and the preparation I prescribe contains an eighth of a grain of bromide of morphine in a fluid drachm of simple syrup. The dose of this syrup is from one to four fluid drachms.

BROMIDE OF STRYCHNINE.—Bromide of strychnine is made the same way as the two last-named preparations; strychnine or a salt of it, taking the place of quinine or morphine. This, again, I always prescribe as a syrup, one thirty-second of a grain of the bromide being contained in one fluid drachm of the simple syrup. The dose of this syrup is from one to four fluid drachms.

COMBINATIONS.—I am in the habit of sometimes combining the preparations named above, in order to suit particular cases of disease. For example, I combine the bromide of quinine and morphine in syrup, so that each fluid drachm of syrup contains a grain of the salt of quinine, with an eighth of a grain of the salt of morphine, or I combine the three salts, so that the fluid drachm of syrup contains a grain of the quinine, an eighth of a grain of the morphine, and a thirty-second of a grain of the strychnine salt. Speaking generally of all these salts, I may state that, in action, the bromide throughout, in so far as its action is indicated, is eliminative and sedative. I am satisfied the bromide of quinine can be administered freely, when quinine itself, or any other salt of it, cannot be readily tolerated. I am equally clear that the bromide favors the sedative action of morphia, while it, at the same time, allays the astringency which morphia induces; and lastly, I am satisfied, from experiment, that bromide reduces, or rather subdues and prolongs, the action of strychnine on muscular motion.

NOTES ON PRACTICE.—I have prescribed bromide of quinine, and the other bromides named, in a large number of cases of diseases, and with results I did not fully expect. I will proceed briefly to indicate the leading facts that have occurred to me in the course of observation.

Bromide of quinine simply appears to me to be of good service in cases where certain special and persistent symptoms follow upon syphilis. I hardly speak now of the symptoms which

patients themselves connect with that malady, but rather of those insidious symptoms which we, as medical men, who have lived long enough to have seen years of practice, trace back to a syphilitic basis, hereditary or acquired. A case of recurring rheumatism of this nature; a case of recurring ulceration of the fauces; a case of general nervous exhaustion with flying pains in limbs, loss of appetite, general debility, loss of hair, and remaining thickening enlargement in the groin, a sequence of bubo; these have been instances in which the administration of the bromide of quinine, in doses of from two to three grains three times a day, has been more immediately and determinately beneficial than any other treatment I have practiced myself, or seen practiced by my brethren of physic, in such forms of disease.

One great advantage of this preparation seems to me to be, that it allows one to give much larger doses of quinine than are common, and in frequent and continued doses without setting up the symptoms of headache, oppression, and ringing in the ears, which make what has been called chinchonism. Thus we may give three grains of bromide of quinine, three times a day, without inconvenience, for several days, if a smaller dose does not suffice.

I have an idea that the bromide of quinine might be administered with advantage in the earlier stages of the contagious diseases, such as small-pox. It would, I think, allay the severe nervous symptoms which usher in these diseases, and so moderate the secondary symptoms that follow in train. Since I began to introduce the bromide into practice, I have not had an opportunity of putting this suggestion to the test, but I have sent some of the preparation to Mr. Marson of the Small-pox Hospital, asking him to give it impartial trial. I have also asked my friend, Dr. Broadbent, to make trial of it, at the Fever Hospital in all cases of acute febrile disorders. The results they obtain I shall hope to communicate in a future number of this journal.

BROMIDE OF MORPHINE.—Is a useful addition to the salts of the alkaloid. It seems to me that a smaller dose of the salt than is effective in the case of the other morphine salts produces as distinct a narcotic influence, and also that the dose may be repeated more frequently without producing those after effects of an opiate which tell against repetition of administration. For

instance, in a case of extreme depression of a nervous kind, attended with determinate insania, in which, owing to the headache and nausea it produces, the muriate of morphia has been replaced by chloral hydrate, as the latter remedy has been continued until it had become hurtful, I prescribed the fourth of a grain of bromide of morphia at bed-time with excellent results, producing sleep without production of nausea or other distressing symptoms. Knowing too well how apt we are to ascribe an efficiency to new remedies which belong to other causes, I pen these first impressions on the action of this bromide with all due reserve. I write, in fact, mainly to secure the larger experience which will ensue when many acute observers are bringing the same remedy into daily use.

THE BROMIDES OF QUININE AND MORPHINE—In combination constitute a remedy of which in cases suited for their administration, I cannot speak too favorably. Four classes of disease seem to me to be specially benefitted by this compound, viz : neuralgic fever, cerebral irritation, diabetic phthisis, and extreme acute attacks of intermittent pulse, the result of organic nervous shock. In acute neuralgia I administer a drachm of the syrup of bromide of quinine and morphia to an adult every two hours until the pain is altogether removed, and am able to report not only that pains can be effectually removed by it, but that the medicine exerts no derangement of the body that lessens its value. It calms pain without inducing deep narcotism, it interferes little with the secretions, it rarely causes nausea, and it interferes little with the appetite. In the case of an esteemed member of our own profession, who has been for twelve months under my care, suffering from right hemiplegia, the most distressing symptom I have had to meet has been intense sciatic neuralgia. After a run of all narcotic tonic measures, I found happily in the bromide of quinine and iron, a remedy which has now for three months held him free of all suffering, and, as a consequence of freedom from pain and sleepless weariness, has led to a distinct improvement in his general health.

In diabetic phthisis I have administered the bromide of quinine and morphia with the same freedom. Under its influence, in these cases, the quantity of sugar and of fluid excreted by the urine notably decreases, cough is relieved, the appetite and digestive powers are improved, and recurring hectic is held in

abeyance more certainly, I think, than by any other remedy or combination of remedies with which I am practically conversant.

In a case of intermittent pulse, where the lapse in the heart-stroke was painfully frequent, where there was continued feverish restlessness, and a fear of going to sleep that more than all sustained the irregular nervous action, the symptoms gave way at once under a few doses of bromide of quinine and morphia in a manner that was as gratifying to the prescriber as to the patient. The purpose of the medicine, in a word, was promptly fulfilled, and as demonstrably as if it had afforded mechanical instead of therapeutical relief. In a second case of intermittent pulse, where the intermittency is the prelude of great mental excitement, followed by depression and melancholia, the remedy has exerted a similar beneficent influence. It induces rest and sleep without the production of deep narcotism and without deranging digestion.

THE BROMIDE OF STRYCHNINE—has rendered unquestionable service in a few cases of dyspepsia with and from deficient nervous control over the vascular supply of the organs concerned in the process of digestion, in cases of partial organic nervous paralysis of the ventricular division of the organic nervous system. In such cases of disease, and they are by no means uncommon, where, when the body is without food, there is a knowledge of hunger without the true sense of it; when there is congestion of the liver, and suppressed secretion to-day, accompanied by giddiness and irritability and præcordial oppression, with diarrhea to-morrow, and then constipation; in these cases the bromide of strychnine in the proportion of one thirty-second a grain may be given three times daily with marked advantage, an alterative being at the same time occasionally added.

In some mixed cases of nervous pain, with want of organic nervous action in the digestive organs, I have combined the bromide of strychnine with bromide of quinine, and in many cases of this nature I have prescribed the three bromides with good results.

Syrup of the bromide of quinine, and strychnine, and syrup of the bromide of quinine, morphine and strychnine, will both, I believe, become favorite compounds with the profession, finding their place as Eastin's syrup of superphosphate of iron, quinine, and strychnine has found its place in the list of tried and approved medicaments.

One other point of practice remains to me only to note. In cases where there is much dryness and irritability of the mucous membrane of the pharynx and larynx, the bromides are not commendable; the bromine increases the irritation. This was so marked in a case where there was a small ulcerated surface in the larynx, that I had to stop the administration altogether, the smallest dose producing violent and long continued irritative cough and spasm.

HYDROBROMIC ETHER.—Amongst other bromides that have medicinal qualities is hydrobromic ether, bromide of ethyl— C_2H_5Br . This ether is a light volatile liquid made by distilling four parts of powdered bromide of potassium, with five parts of a mixture, consisting of two parts of strong sulphuric acid and one of alcohol, having a boiling-point of 104 degrees Fahr., a specific gravity of 1.400, and a vapor density of 54, taking hydrogen as unity. It is nearly insoluble in the blood.

This ether is of interest, from the fact that the late Mr. Nunneley, of Leeds, proposed and used it as a general anæsthetic, and came to the conclusion that it was the best and safest of all known anæsthetic substances. A few weeks before his death I had the pleasure of visiting Mr. Nunneley, and in the course of our many conversations on scientific subjects, he spoke again of his experience with the bromide, and begged me to submit it to a fair and strict investigation. I have carried out his wish, and can report upon hydrobromic ether, that it is, as Mr. Nunneley said of it, one of the safest of general anæsthetics. An atmosphere containing from eight to nine per cent. of the vapor of the bromide of ethyl, causes, when inhaled, entire destruction of common sensibility, rapidly, and safely. The breathing remains tranquil, the pulse quiet, the expression good; the transition from the first to the third degree of narcotism is moreover, so rapid that the second degree—degree of muscular excitement—is scarcely recognizable. There is no sign of apnœa; and when, in animals, the inhalation is carried to the extreme, the resistance of the heart to the paralyzing action of the narcotic is good. As might be expected from the low boiling-point of the ether, 104 degrees Fahr., and its insolubility in the blood, it is rapidly eliminated from the body when it has been withdrawn, so that the period of recovery is short, from three to five minutes.

When inferior animals are made to sleep into death by the

vapor of the bromide of ethyl, the heart is found, directly after death, with blood on both sides and free of vascular congestion. The color of the blood on each side is natural, and the lungs are left charged, without being surcharged, with blood. The coagulation of the blood is natural. The heart retains its irritability for as long a period of time as after death from methylic ether.

Mr. Nunneley's favorable opinion on the action of hydrobromic ether is therefore confirmed in respect to essentials, but I am not thereupon inclined to suggest that it should be employed in place of other and better known anæsthetics. For, irrespectively of the trouble and cost of making the ether, it has certain faults which are opposed to its general employment. It causes irritation of the throat in some cases, and occasionally vomiting; added to these objections, the fluid easily undergoes change on exposure to the air, with liberation of free bromide, when it becomes difficult, if not dangerous, to inhale.—*Medical and Surgical Reporter.*

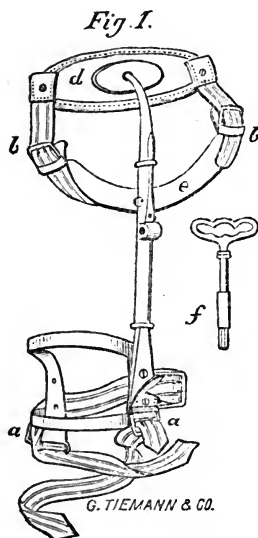
THE SOCIAL EVIL.—Men sprinkle prostitution with rose-water and call it the Social Evil. This is a better title under which to invoke legislation. It keeps persons off the scent. In England, "Contagious Diseases Act" served the same purpose. Such was the title of the law smuggled through Parliament "to improve the health of the Army and Navy." A year or two after its passage people woke up to find they had licensed prostitution in certain districts. Then came opposition and a cry for repeal on the one side, and an effort on the other side to extend the law over the entire kingdom. Associations were organized for both purposes. Opposition has gained ground, and last year six hundred thousand signers protested against the law. The law has been transplanted to America—to St. Louis; nowhere else, as yet. Now comes an effort to apply it to San Francisco. Its friends allege that it has succeeded elsewhere. Its enemies insist that the success is on the surface, and that it has driven the evil out of public view only, and into clandestine retreats, where it is more dangerous to society. Many good people are ranged on both sides. With the enemies of the law, the stumbling-block is the principle of licensing, and thus sanctioning, prostitution. The moral sense of the American people is inflex-

ibly hostile to this principle. They do not believe that the end justifies the means. French and European legislation has schooled many of our citizens of European birth in the opposite faith. Much can be said, and much will be said, on both sides. It is not a subject for hasty legislation. If a plan can be devised to restrict the evil without violating the principles of morality and justice, and thereby sapping the foundations of society, we shall be only too glad to plead for it. But we protest against that one-sided legislation which protects men at the expense of women—which distrains woman of her liberty that she may be made a safe subject for masculine lust—which compels her to submit to examinations and operations in order that she shall not communicate disease to men, and then opens the door of her bedroom to every diseased and beastly lecher, who may enter without examination, without inquiry, without the shadow of restraint. We blush for any professional brother of cultivated conscience and refined morality who would advocate such legislation.—*Pacific Medical and Surgical Journal.*

LIEBREICH'S OPERATION FOR EXTRACTION OF CATARACT.—Prof. Leibrich says that during the four years past he has in more than three hundred cases employed the following method for extracting cataract in preference to the one recommended by Graefe, which he had formerly employed, and finds it to be, in many respects, its superior. The incision of the cornea is to be made with the smallest possible Graefe's knife in the following manner: "Puncture and contra-puncture are made in the sclerotic about one millimetre beyond the cornea, the whole of the remaining incision passing with a very slight curve through the cornea, so that the centre of it is about one millimetre and a-half distant from the margin of the cornea. This incision can be made upwards or downwards, with or without iridectomy, and the lens can be removed through it with or without the capsule. If, as I now practise, the extraction is made downwards without iridectomy, the whole operation is reduced to the greatest simplicity, and does not require narcosis, assistance, elevator, or fixation; and only two instruments, Graefe's knife, and one cystotome with Daviel's spoon (*Br. Medical Journal*, No. 570).

DR. SAYRE'S APPARATUS FOR HIP JOINT DISEASE.

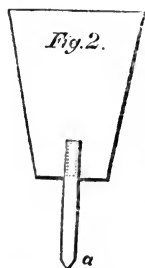
This apparatus consists of two portions, *the upper* (Fig. 1 c) made of corrugated steel, attached by means of a universal joint to a pad of proper size (d) fitting on the dorsum below the crest of the ilium, and holding in place a perineal band (e) adjustable by strong webbing and buckles (b b).



The lower Portion f, is simply a ratched bar, sliding within the first. Its inferior extremity is easily adjusted by means of a single screw to either side of two semi-circular bands (a a) embracing the thigh just above the knee, making the apparatus answer for both limbs. The cut represents the same arranged for the *left leg*. Extension is made by working the Splint with the key f.

The necessary measurements in ordering the above are :—

1. Length from Trochanter major to kneejoint.
2. Circumference of Thigh three inches above knee.



The application of the splint is as simple as its construction.—Take strong adhesive plaster, spread on twilled muslin, cut two fan-shaped pieces (Fig. 2), one large enough to reach from the perineum to within two or three inches of the condyle of the femur, on the inner side of the thigh, the other from the trochanter major, to a point directly opposite the end of the inner plaster. Sew on the narrow end of each, Fig. 2 a, one of the webbings, represented Fig. 1 a a (not on the sticky side). Apply them to their respective places, and after pressing them with the warm hand, to obtain firm adhesion, secure them further by a well-adjusted roller. The instrument contracted, is now laid over the thigh, the webbing Fig. 2 a. firmly fastened over the rollers to the buckles

Fig. 1. *a a* and the remaining one around the thigh. The perineal band is now adjusted, rather firm, and the instrument extended with the key, to just enough to make the patient comfortable, and then locked by pulling the slide down over the spring Fig. 1 *c*.

In order to prevent the limb from swelling below the bandage, Dr. Sayre recommends the use of an elastic stocking or kneecap.

A CASE OF EARLY PREGNANCY.—William McCollom, M.D., of Brooklyn, N. Y., reports the following case:—Jane F., single, born in Vermont, of American parentage, was reared in poverty until adopted by a respectable family in easy circumstances, at the age of eleven years. About this time, and soon after she entered upon her eleventh year, she reached puberty, and menstruated regularly up to the time of conception, which occurred in the early part of the month of March, 1864, after intercourse with an old sinner sixty years of age. Her age at the time she conceived was twelve years and nine months, and at the time of her confinement, at full term, December 10th, 1864, thirteen years and six months. She was at this time a bright, active girl, with a childish face, and with a mind corresponding with her years; but in other respects had a womanly development, weighing about ninety-five pounds, with well-developed pelvis, full rounded limbs, and finely developed mammæ.

I was in attendance soon after the commencement of labor, at five o'clock p. m. The pains were regular, with brief intervals of rest, gradually increasing in severity. On making an examination, found the os dilated to admit the point of index finger. After an hour and a-half had elapsed she was suddenly seized, without premonitory symptoms, with quite severe epileptiform convulsions, immediately followed by coma and stertorous breathing. The pains continued, lessened in degree of force, with considerable regularity. She was bled in the arm, and kept under chloroform until labor was sufficiently advanced to allow me to apply the forceps at three o'clock a. m. I delivered her, without difficulty, of a living girl, which weighed six pounds and eight ounces. After the delivery of the child she continued in an unconscious comatose state until nine o'clock the

next morning, when she gradually emerged from it, and made, together with the child, a good recovery. She had an abundant lacteal secretion, and nursed the child. She had no return of the eclampsia after an hour from the first seizure. The urine was not tested for albumen or casts; but she had at no time previous or subsequent to labor symptoms of uræmia.—*Medical Record*.

A CASE OF MOGIGRAPHIA.—Dr. Noyes, of Detroit, Mich. (*Detroit Review of Medicine*), reported a rare as well as a very interesting case of scrivener's spasm or palsy. The case was that of a bank-clerk, who had been a long time engaged in writing rapidly and very constantly, until exhausted. He complained at first of numbness in thumb and index-finger. The numbness grew worse, and after writing awhile, he was unable to hold the pen at all. The constant galvanic current has been used with benefit, in connection with cold showering.

Dr. Livermore said that he had seen a number of cases of this affection in Europe, which were enabled to write by fitting a block to the pen, to be held in the ball of the hand.

We would remark that Prof. Eastman, of Eastman's Commercial College, Poughkeepsie, has devised an excellent pen-holder, with an egg-shaped attachment for the palm of the hand, which is well adapted to cases of mogigraphia.—*Medical Record*.

CIRCUMCISION IN UTERO.—A member of the Philadelphia Obstetrical Society having witnessed the circumcision of a Jewish child, described this operation to his wife, who was in the early period of pregnancy. A strong impression was made on her mind, and the event was the subject of constant thought for several days. Seven months afterwards she gave birth to a child, whose glans penis was found exposed, "while the retracted prepuce actually showed the yet granulating ciatrix of what looked like a very recent circumcision!" This extraordinary circumstance, which is related in a first-class medical journal, under the head of "Birth-mark from Maternal Impressions," suggests a ready method by which our fellow-citizens of the Israelitish faith may do away with the sanguinary mode of performing circumcision in common use.—*Pacific Med. and Sur. Journal*.

HÆMOPTYSIS—TREATMENT BY ATOMIZER.—Dr. Holden, of Newark, New Jersey, (*Medical Record*,) invites attention to a simple and efficacious method of checking hæmoptysis by “throwing the atomized vapor of a saturated solution of gallic acid directly into the mouth and throat. I have repeatedly found the most gratifying success follow at once, even in cases of profuse hæmorrhage. Unlike other styptics thus administered, it quiets the spasmodic cough, which seems the direct result of the presence of the blood, requires but a moment to prepare, and aside from its efficacy, it inspires immediately the confidence of the patient. My habit has been to have an atomizer and bottle of gallic acid always at hand, and when summoned hastily to mix the acid in a tumbler of cold water, and use even without waiting for the excess of acid to subside. It has proved successful in several cases where the blood was streaming from the mouth with every expiration.—(*Medical Cosmos*.)

OVARIOTOMY DURING PREGNANCY.—At a recent meeting of the London Obstetrical Society, Dr. Eugene Goddard read the particulars of a successful case of ovariectomy during pregnancy. The patient was 29 years of age, and in 1870 was found to be the subject of an ovarian cyst, but as there was no urgent symptoms, the consideration of any surgical treatment was deferred. She then became pregnant; and about the end of the second month of utero-gestation, Mr. Spencer Wells removed the ovarian cyst. Eleven and a half pints of fluid was withdrawn. The clamp was removed and the bowels acted on the eighth day. Pregnancy went on uninterruptedly, and a living child was born at the full period. Dr. Goddard said that the compound nature of the cyst, precluded the idea of tapping, as also did the risk of peritonitis, suppuration of the cyst, and the formation of adhesions. Premature labour was not induced, because the patient was already beginning to suffer constitutional disturbance from the double burden, and it was doubtful whether, by the time a viable child could be born, they would not have assumed such magnitude as to imperil the patient's safety; whereas, if abortion were induced, the child would be lost, and the tumor would remain.

Dr. Ross related a case in which Mr. Wells had operated

under more adverse circumstances, as the lady was much broken down in health, at the time of the operation. A small ovarian tumor was diagnosticated eighteen years ago. The patient was subsequently married, and Dr. Ross had attended her in four labours. In no instance was parturition attended with any serious difficulty. During gestation the tumour appeared to become smaller. The tumor rapidly increased about a year ago, and Mr. Wells removed it successfully, the patient being about two months pregnant.

Mr. Spencer Wells said that the existence of the cyst for eighteen years, and the pressure on its walls of hard bone-like masses, had led to the diagnosis of a dermoid tumor. He had performed ovariectomy four times during pregnancy, and all the patients had recovered.

Dr. Bantock said that the diagnosis of pregnancy at an early stage, complicated with an ovarian tumor, was not always easy. In considering the performance of the radical operation in these cases, one fact was worth any number of theoretical objections.

Mr. Scott referred to a case of ovariectomy which he had recently performed. The patient had passed through two labours at term in safety.—*British Med. Journal.*

NEW METHOD OF EXTRACTION OF CATARACT.

BY R. LIEBREICH,

Ophthalmic Surgeon and Lecturer to St. Thomas' Hospital, London.

GENTLEMEN:—Until now we could perform but small operations at our Thursday meetings. The Ophthalmic Ward having been opened last week, we shall be able to receive patients for operations of greater importance. We shall begin with cases of iridectomy and cataract; and as for this latter, I shall have to explain to you my new method of extraction, the more detailed description of which will appear in our next *Hospital Reports*.

The frequent occurrence of total suppuration after flap-extraction induced the celebrated operators of Moorfields Hospital to return to and improve the linear extraction, which at that time had been almost abandoned. Graefe, struck with the

results which Messrs Bowman and Critchett had obtained, submitted the question to further studies; and so formed the method which is now generally adopted in England and on the continent.

There are numerous statistics to show that in Graefe's method there is a much smaller percentage of total suppuration than in flap-extraction; also that, even in cases of very bad general constitution, weak and marastic individuals with thin and flabby cornea, the prognosis is not so unfavourable as in flap-extraction; and the precautions we have to take after the operation, and the restrictions we have to impose upon the patient are not so great.

On account of these advantages of Graefe's method, it was natural that the flap-extraction was soon abandoned. To me, however, it appeared that the mechanism of Graefe's operation was still too complicated and violent; that prolapse of the vitreous body and hæmorrhage into the anterior chamber were too frequent during the operation, iritis and strangulation of the iris in the corners of the wound too frequent after it; and that the most favourable results, compared with the most favourable results in flap-extraction, were not perfect enough.

If these inconveniences be carefully inquired into, it is found that they can all be brought back to one and the same principal cause—namely, peripheric position of the incision. This peripheric position explains why—

1. It is impossible to remove the lens without iridectomy.
2. The excision of the iris is to be large and extensive, else it causes too great an inclination to prolapse of the iris.
3. It is necessary to perform the operation above, so as to cover a part of this large pupil by the upper eyelid. The removal of the lens upwards is by far more difficult, on account of the tendency of the eye to escape upwards; and, consequently,
4. During the whole operation, the eye has to be kept open by the speculum, and to be drawn downwards by the forceps. This is not only painful and injurious to the eye itself, but causes
5. Not unfrequently, prolapse of the vitreous body, to which a peripheral incision itself already tends. Prolapse of the vitreous body and hæmorrhage into the anterior chamber are the chief impediments to a careful removal of all the *débris* of the cortex, and cause—

6. Those grave forms of iritis which are sustained by the permanent irritation caused by the tumified remainders of the lens behind the iris.

Of those disadvantages I was perfectly aware after I had followed for a short time Graefe's original plan; and I proposed, therefore, in 1867, in an article on Cataract which I wrote for the *Nouveau Dictionnaire de Médecine et de Chirurgie* (Paris, Bailliére), some modifications. They are, however, but the first step I made; and in the last four years I have come, by a large series of systematic experiments, to a method which I now, after more than three hundred operations performed in this manner, consider definitely settled.

The incision of the cornea is to be made with the smallest possible Graefe's knife, in the following manner:

Puncture and contrapuncture are made in the sclerotic about one millimetre beyond the cornea, the whole remaining incision passing with a very slight curve through the cornea, so that the centre of it is about one millimetre and a half distant from the margin of the cornea. This incision can be made upwards or downwards, with or without iridectomy, and the lens can be removed through it with or without the capsule.

If, as I now practise, the extraction is made downwards without iridectomy, the whole operation is reduced to the greatest simplicity, and does not require narcosis, assistance, elevator, or fixation; and only two instruments—namely, Graefe's knife, and one cystotome, with Daviel's spoon.

What are the advantages of this method of operating?

1. It is undoubtedly of all methods the simplest and least painful.

2. It is unconditionally the easiest to perform, and requires the least practice. It may, therefore, be performed by those operators who from time to time only have an opportunity of doing so; and those patients benefit by it who are unable to reach a central point in order to place themselves in more practised hands. On account of the greater facility of operating, the last pretext for reclinacion of cataract is removed, which, although universally and justly condemned, is still here and there performed.

3. It is preferable to the flap-extraction, on account of the safer and constantly regular incision. The flap-incision scarcely ever acquires the regularity which may theoretically be demanded

—even if made by the most practised operator, with the best assistance, the most enduring patient, or under chloroform—by the use of elevation and fixation instruments. Now its height or breadth is not what it is intended to be; now its position is incorrect, or the wound is irregular—indeed, part of it is due to the difficult form of the incision; but by far the greater part, according to my conviction, is due to the mechanism by which the cuneiform cataract-knife is to make the incision. A small Graefe's knife would make a flap safer and more regular than the various other cataract-knives. The incision which I designed can easily be made, in giving it in every case exactly the desired form and position—even if the patient is very restless—without assistance, without elevator or fixation. It mainly depends on the facility with which the place of the contrapuncture can be chosen, the knife drawn back and made to pierce at another point if a mistake is made in the selection of the place for contrapuncture, and in the freedom with which, in terminating the incision, the inclination of the knife can be changed if necessary.

A little practice will enable every operator to avoid these corrections, and to make the contrapuncture, as well as the whole incision, correctly to his original plan, without subsequent alterations.

4. Against Graefe's method it has the advantage of a more favourable position of the field for the operation, and avoids through it all the inconveniences to which I have referred, as arising out of the peripheral position of the wound.

5. In regard to the mode of healing, it favourably contrasts, like Graefe's method, with the flap-extraction, on account of the diminished influences which age, constitution, general state of health, season, and other causes exert; also on account of the less demand made upon the patient to remain quiet after the operation; and, above all, on account of the lesser tendency to suppuration of the cornea.

6. The advantages of my method over that of Graefe's are shown by the ultimate results obtained; by not showing a greater percentage of total suppuration than in Graefe's method, my best results are in regard to optical and (if I may use the term) anatomical perfection, identical with the best results obtained in flap extraction.—*British Medical Journal*.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, MARCH 1, 1872.

AMENDMENTS TO THE MEDICAL ACT.

The Committee appointed by the Council at its last meeting to draft amendments to the Medical Act have completed their labors and framed the following clauses, which have been placed in the hands of Dr. Baxter, to be carried through the House. It is very doubtful, however, at this late stage of the Session, whether or not they will pass the House. Probably it is just as well that they should be laid over for the present, in order that they may be submitted to the profession for approval or amendment:—

1. Section 11 is hereby amended by striking out the words "by a notice" in the thirteenth line down to the words "such election" in the fifteenth and sixteenth lines, and the following hereby substituted "in such manner as shall be provided for by by-law of the council."

2. Section thirteen is hereby amended by striking out the word "Wednesday," fifth line, and substituting the word "Tuesday" therefor.

3. Section fourteen is hereby amended by striking out all the words after "in" in the third line and substituting the words "the manner provided for by by-law of the council."

4. Section twenty-five is hereby amended by adding the following clause, "whenever any registered practitioner of the general school shall signify his wish to become registered as a homœopathic or eclectic member of the College of Physicians and Surgeons of Ontario, he shall signify such wish to the Regis-

trar in writing, and shall appear at the next regular examination of the Board of Examiners and be examined in the branches herein before mentioned by the examiners approved of by the representatives in the Council of the body to which he has signified his wish to join; and upon such examination being reported to be satisfactory the Board shall report his name as having passed as a homœopathic or eclectic member of the College of Physicians and Surgeons of Ontario; and the Registrar shall register his name upon the payment of such fee as the council may appoint; and all persons so registered shall be entitled to vote for homœopathic or eclectic representatives in the council, as the case may be.

5. Sections forty, forty-one, forty-two and forty-three are hereby repealed, and the following sections and sub-sections are substituted in lieu thereof:—

6. Any person who shall wilfully procure, or attempt to procure, himself to be registered under the said Act, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing, shall, on conviction thereof before any Justice of the Peace, incur a penalty not exceeding one hundred dollars, and every person knowingly aiding or assisting him therein shall on conviction thereof, incur a penalty of not less than twenty, nor more than fifty dollars.

7. If any person shall procure, or cause to be procured, his registration under the said Act by means of any false or fraudulent representation or declaration, either verbally or in writing, it shall be lawful for the registrar, upon the receipt of evidence which shall be satisfactory to him of the falsity or fraudulent character of said representation or declaration, to erase the name of the said person from the Register, and to make known the fact and cause of such erasure by notice to be published once in the *Ontario Gazette*; and after such notice has appeared, the person whose name has been so erased as aforesaid shall cease to be a member of the said College of Physicians and Surgeons of Ontario, and shall cease to enjoy any of the privileges of registration under the said Act, and shall be disqualified from registering under the said Act at any future time without the express sanction of the council.

8. It shall not be lawful for any person not registered under the said Act to practise Physic, Surgery or Midwifery in Ontario for hire, gain or hope of reward.

9. If any person not registered under the said Act, shall, for hire, gain or hope of reward, practise or profess to practise Physic, Surgery or Midwifery, or advertise to give advice or medicine, he shall, upon a summary conviction before any Justice of the Peace for any and every such offence, pay a

penalty not exceeding one hundred dollars, nor less than twenty dollars; provided always that nothing in this clause contained, shall prevent any person licensed under the Pharmacy Act from compounding medicines when prescribed by a registered practitioner, nor from selling any medicine in the ordinary course of trade.

10. Any person who shall wilfully and falsely pretend to be a Physician, Doctor of Medicine, Licentiate in Medicine, Surgery or Midwifery, Master of Surgery, Bachelor of Medicine, Surgeon or General Practitioner, or shall assume any title, addition or description other than he actually possesses and is legally entitled to, shall be liable on conviction before a Justice of the Peace, to a penalty not exceeding fifty dollars.

11. Any person not registered under the said Act, who shall take or use any name, title, addition or description implying or calculated to lead people to infer that he is registered under the said Act or that he is recognized by law as a Physician, Surgeon, Accoucheur, or a Licentiate in Medicine, Surgery, or Midwifery, shall, upon a summary conviction before any Justice of the Peace, pay a penalty not exceeding one hundred dollars, nor less than twenty-five dollars.

12. In any trial under the said Act as hereby amended, the burden of proof as to registration shall lie upon the person charged, provided always that the register in force for the time being, shall be *prima facie* evidence that the persons named therein are hereby entitled to the diplomas mentioned opposite their respective names.

13. All prosecutions under this Act, or the Act amended by it, may be brought and heard before and by any one or more of Her Majesty's Justices of the Peace having jurisdiction in the locality where any such offence has been committed; and such Justice shall have power to award the payment of costs in addition to the penalty; and in case the penalty and costs awarded by him be not paid forthwith upon conviction, to commit the offender to the common gaol, there to be imprisoned for any term not exceeding three months, unless such penalty and costs be sooner paid.

14. All penalties recoverable under this Act, or under the Act hereby amended, shall be paid to the convicting Justice, and be by him paid to the Treasurer of the Council: all penalties so recovered shall form a part of the general fund of the Council.

15. Any person convicted under this Act, or under the Act hereby amended, who shall give notice of appeal against the decision of the convicting Justice, shall be required, before being released from custody, to give to said Justice satisfactory security for the amount of the penalty and costs of conviction and appeal.

16. Any person may be prosecutor or complainant under this Act, or under the Act hereby amended; provided always that every prosecution under this Act and the Act amended thereby, shall be commenced within one year from the date of the alleged offence.

17. This Act shall be read as part of the Act hereby amended.

AID TO CHARITABLE INSTITUTIONS.

The Honorable member for Norfolk, Dr. Clarke, has been engaged during his spare moments since the session commenced in visiting the various charitable institutions, hospitals, poor-houses, &c., and eliciting information regarding the working of these institutions, with a view to establish them on a more liberal and permanent basis. He has asked for and obtained a parliamentary committee to take the following matters into consideration. The committee consists of the following gentlemen: Hon. Messrs. Blake and Gow, Messrs. Guest and Williams, Drs. Baxter, Wilson, Clarke, and Boulter. The Hon. Mr. McKenzie has also promised to bring in a Bill next Session, based on the report of this committee. The objects aimed at are as follows:—
1st. To place the various hospitals on a better financial basis.
2nd. To render it imperative upon counties or groups of counties to establish hospitals, and to provide accommodation for the maintenance of the chronic insane, and imbecile. 3rd. To establish a permanent Provincial Sanitary Board, or board of health, to which all reports on epidemic and other diseases shall be referred; and
4th. To establish one or more inebriate asylums, &c.

In reference to the above matter, the suggestions and opinions of the medical profession and others are earnestly solicited, and will receive every attention. We hope the honorable gentleman may be successful in his efforts; and we have no doubt that the profession here and throughout the country will lend him every assistance and support in his important inquiries, and warmly second his efforts in the direction above indicated. The Toronto General Hospital will come in for a share of the honorable gentleman's attention, and probably no other institution in the Province is more in want of assistance than this. At present, though capable of accommodating 300 patients,

there are only 50 free beds in the institution. The building is finely situated, having good facilities for proper drainage, and with a little improvement in the ventilation, and means to place it within reach of the unfortunate poor, it could be made one of the best appointed and most useful of the kind in the Dominion. It is managed by a very efficient board of trustees, and has an excellent hospital staff; and we trust that the government may be induced to give it that assistance which it so much stands in need of to make it what it ought to be—a blessing to the afflicted poor.

MEDICAL COUNCIL ELECTIONS.

In the last number of the *Lancet* we requested our friends to send us the names of probable candidates for election to the Medical Council in June next. In so far as our request has been complied with, we are enabled to state that Dr. Jas. A. Grant, of Ottawa, will be a candidate for the Territorial Division of Bathurst and Rideau, in opposition to the present representative, Dr. Mostyn, of Almonte. Dr. Bray, of Chatham, for Western and St. Clair, in opposition to Dr. Edwards, Strathroy. Dr. Hodder of the Medical Faculty of Trinity College Medical School, will be a candidate for the University of Trinity College, Toronto, in opposition to Dr. C. B. Hall, the present incumbent.

MATRICULATION EXAMINATION.—The next Quarterly Matriculation examination of the Council of the College of Physicians and Surgeons, Ont., will be held in the Grammar School, Toronto, and also in Kingston, on the first Tuesday and Wednesday in April.

PROFESSIONAL EXAMINATIONS, COLLEGE OF PHYSICIANS AND SURGEONS, ONT.—We are informed that a meeting of the Executive Committee will be held at an early date to fix the time and place for holding the above examinations. Although it has not been definitely settled, we are in a position to say that in all probability they will commence on Wednesday, the 3rd of April.

VACCINE.—We have received several enquiries from our subscribers regarding the reliability of the vaccine virus sup-

plied by Dr. Martin, of Boston Highlands. We beg to say that, a few weeks ago, we ordered a crust, one remove from the cow, and it gave the most entire satisfaction. It has not failed in a single instance. Our friend, Dr. Covernton, of Simcoe, also received some of the points, direct from the cow, through Dr. Clarke, of St. Catharines, which also proved highly satisfactory. We have, therefore, no hesitation in recommending the virus as supplied by Dr. Martin.

DECLARATION REGARDING ALCOHOL.

The following "declaration" regarding the use of alcohol, by medical men for their patients, has lately been published in all the leading medical journals in England. It contains the signatures of the most eminent medical men in London, and many others of lesser note, to the number of two hundred and fifty-four :

"As it is believed that the inconsiderate prescription of large quantities of alcoholic liquids by medical men for their patients has given rise, in many instances, to the formation of intemperate habits, the undersigned, while unable to abandon the use of alcohol in the treatment of certain cases of disease, are yet of opinion that no medical practitioner should prescribe it without a sense of grave responsibility. They believe that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess, or necessarily for the continuance of its use when the occasion is past.

"They are also of opinion that many people immensely exaggerate the value of alcohol as an article of diet, and since no class of men see so much of its ill effects, and possess such power to restrain its abuse, as members of their own profession, they hold that every medical practitioner is bound to exert his utmost influence to inculcate habits of great moderation in the use of alcoholic liquids.

"Being also firmly convinced that the great amount of drinking of alcoholic liquors among the working classes of this country is one of the greatest evils of the day, destroying—more than anything else—the health, happiness and welfare of those classes, and neutralizing, to a large extent, the great industrial prosperity which Providence has placed within the reach of this nation, the undersigned would gladly support any wise

legislation which would tend to restrict, within proper limits, the use of alcoholic beverages, and gradually introduce habits of temperance."

While protesting against the first paragraph, on the ground that it would appear to attribute to the profession the creation of intemperate habits, we are of the opinion that this important document has not appeared a moment too soon. A great deal of harm may undoubtedly be done by the careless and indiscriminate use of alcohol by medical men for their patients. Such a movement on the part of the medical profession in our own country would not be amiss. In the meantime we hope that the publication of the above declaration may not be without its beneficial effect, and that greater care and discrimination may be exercised in the administration of this useful, though much abused remedy.

NOTES AND COMMENTS.

INNERVATION.—In the present number will be found an article on "the phenomena of life," by Dr. Freel, of Markham. It is the continuation of a preceding article which was published in the April Number, for 1871. If any of our new subscribers would like to have the whole article we will be happy to supply them with the number of the *Lancet* referred to.

GLUE BANDAGE FOR FRACTURES.—Dr. McCallum, of the Montreal General Hospital, (*Canada Medical Journal*), has lately introduced the use of the *Glue Bandage* as a primary setting in the treatment of fractured limbs. Patients thus treated are permitted to get up on the third day and move about on crutches. The bandages do not get out of order, and the advantages more than counterbalance any trouble that is necessary in its application.

TREATMENT OF SMALL-POX.—Dr. Marsden, of Quebec, (in the *Medical Record* for July 15th), recommends three drops of Balsam Copaiba, rubbed up with a little Albumen, or Mucilage and Syrup in the treatment of small-pox. The idea originated with Dr. Rowand, one of the Surgeons of the Marine and Emigrant Hospital, Que. It is claimed for the above remedy that it arrests the process of pustular developement and consequent desquamation and suspends the disease.

VACCINATION.—We have received a communication from Dr. N. Munro, of Brucefield, in which he urges the propriety of repeated vaccination as long as it will take effect as a preventive of the spread of small-pox. In reference to revaccination he states that in his experience sixty per cent are susceptible of taking a second time, forty per cent a third time, and ten per cent a fourth time, and therefore he submits that it is incumbent on old and young to be repeatedly vaccinated, until it fails to make any impression on the system.

HONORS.—Dr. Gardner, professor of Medical Jurisprudence in the Medical Faculty of Bishop's College, Montreal, has been elected Fellow of the Obstetrical Society, London, England.

BOOK NOTICES.

ANÆSTHESIA, HOSPITALISM, &c., by Sir James Y. Simpson, Bart, M.D., D.C.L. Edited by his son, Sir. W. G. Simpson, Bart, B.A. New York: D. Appleton & Co. Toronto: Copp, Clark & Co. pp. 553.

This work contains most of Dr. Simpson's articles, correspondence &c., on the subject of Anæsthesia, written from time to time, some of which have already been published in the periodicals of the day, and are now transferred to the present volume. The volume opens out with a History of Anæsthesia and its defence. The nature and powers of various anæsthetics and their application to surgery and obstetrics are next taken up, and followed by some remarks on local Anæsthesia. On the subject of Hospitalism, the author has been at considerable pains to collect statistics from different sources, showing the differential death-rate between country and hospital amputations. He next discusses the causes of this difference, and suggests certain improvements in the sanitary condition of hospitals. Considerable space is devoted to the interesting subject of Hermaphroditism, which the author divides into *true* and *spurious*, the former including all cases in which there is a blending of both male and female organs in the same individual, and the latter comprehending malformations of the genitals of one sex, approximating in appearance those of the opposite. The author concludes with an article on the process of stamping out small-pox and other contagious diseases. This part is especially interesting at the present time, in view of the present epidemic.

THE
CANADA LANCET,
MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

APRIL, 1872.

No. 8.

Original Communications.

PHENOMENA OF LIFE MAINTAINED AND CONTROLLED BY TWO ANTAGONISTIC PRINCIPLES OF INNERVATION.

BY J. G. FREEL, M.D., MARKHAM, ONT.

(Continued from last number.)

"For he who studies nature's laws,
From *certain* truths his maxims draws."

The principle of transmission through the same trunk of innervation to and from a centre, is well established in the fifth and eighth pairs. Here fibres for special sense, common sensation and motion lie side by side in the same fasciculus, yet each completely insulated. It is therefore perfectly compatible with known anatomical arrangement and physiological law, to suppose the existence of centrifugal nerve-fibres specially endowed for the regulation of vascular function. The very intimate connection between the nervous systems and the arteries, the innumerable filaments sent to their muscular coats, and the invariable nervous accompaniment to their ultimate terminals, suggest a

controlling influence over vascular action. The continuity of each nerve-fibre, whether tubular, cerebro-spinal, or gelatinous-ganglionic, may, with microscopic aid, be traced from origin to termination, even in its passage into and through another nerve, ganglion, or plexus, its characteristic individuality remains distinct; transference of innervation from one fibre to another is, therefore, a physiological impossibility. Consequently all attempts to explain certain phenomena by "transference" and "reflex action," involve glaring absurdities. The manifestation of pain in regions distant from the seat of lesion, has produced heretofore an insuperable *crux medicorum*. The law of antagonistic innervation alone furnishes the true key to unlock this secret, as it does that of every other vital phenomenon. The depressing influence at the seat of disease is communicated to a sensitive centre, which lowers the dynamic force of the dilating centre, thereby necessarily diminishing the *vis nervosa* of the dilating fibres proceeding from the centre, and consequently lessening the supply of blood to all tissues receiving innervation through the fibres involved. The impaired nutrition creates an impression of exhaustion, which, being communicated to the brain, is interpreted by the mind as *pain*—precisely as in prolonged fasting, a sensation of pain is referred to the stomach. In confirmation of the truth of this exposition, the more sensitive tissues involved become more or less atrophied, invariably. Of the two nervous systems, although "all are but parts of one stupendous whole," yet each centre is to a limited extent independent, and can exercise the function of generating impulses independent of the sensorium, and thus inducing involuntary action. Thus irritating sensations may be communicated to a contiguous motor centre, and induce spasm of all muscles to which the motor fibres are distributed, constituting what has been absurdly termed "reflex action." The existence of the law under consideration is convincingly exemplified in the manifest influence of both nervous systems over the digestive process. Emotional impulses exert either an exaltant or depressing influence over the dynamic forces, according to their respective characters. Cheerful converse during and after meals, with its attendant exhilarating influences, exalts the dynamic force of the dilating centres, which augments the supply of

blood to the gastric glands, and consequently promotes in a remarkable degree the digestive process. While conversation calculated to arouse the irate passions or create gloomy desponding thought, depresses the force of the more susceptible centres, and thus diminishing the supply of blood, retards digestion, or if the feeling be intense, may absolutely suspend the process. Volitional impulses also exercise great influence over digestion. Gentle, pleasant physical exercise exalts the dynamic force, and consequently increasing the supply of blood, accelerates digestion; while violent exertion, requiring volitional impulses sufficiently strong to influence the ganglia through their motor roots, preternaturally exalts ganglionic force, which contracts the capillaries and consequently retards the digestion. So a strong impulse of the will directed to the third nerve, to contract the internal rectus for turning the eye inwards, exalts lenticular power through its short root, and thereby increasing the *vis nervosa* of the short ciliary, contracts the irian vessels and diminishes the size of the pupil.

In natural recuperative sleep the *neurometer* indicates a depressed state of the cerebro-spinal nervous force, as the pupil is invariably slightly contracted; hence the general inactivity of organic functions, digestion is retarded, respiration and circulation slower, renal function diminished, bowels torpid, and temperature diminished from 1° to 3° .

Experience concurs with science in proving the efficacy of condiments in assisting digestion. A few weeks ago we had the pleasure of listening to an interesting lecture, when the learned professor thought he made a capital hit at the votaries of "No. 6," by portraying the effects of treating the conjunctiva to a dose of pepper, as it is a mucous membrane as well as the lining of the stomach; but the witty professor neglected carrying out the comparison, by giving the effects of treating the eye to crumbs of bread, salt, or any ingesta which is grateful to the stomach. Pepper is unquestionably an exaltant, but, as a therapeutic agent, cannot be used in sufficient quantity to take effect on the ganglionic centres, without producing extensive irritation of the *primæ viæ*, and thereby inducing great, if not fatal depression. The same objection may be urged against tartarized antimony, arsenic and corrosive sublimate. A glass of dilute

alcohol, taken long enough before a meal to be absorbed, would assist digestion by its exaltant influence on the susceptible centres; but as it precipitates pepsin, it is incompatible with digestion during active alimentation. The physiological action of alcohol, as it is illustrative of the law of antagonistic innervation, deserves a passing notice, and especially its pathological sequences.

When habitually imbibed in quantity sufficient to exalt ganglionic force, it diminishes the normal supply of blood, and thereby enfeebles organic function generally. While stimulation, short of influencing ganglionic force, produces no pathological sequelæ, the consequences of deep and continuous potations are most deplorable. It is evident, from a knowledge of the operations of the physiological law under discussion, that a constant exaltation of ganglionic dynamic force must necessarily diminish vital action, not as heretofore absurdly held by the alcoholic action being transformed by some visionary power into a sedative influence; but by producing a state of capillary occlusion incompatible with the nutritive functions. In the first stage of intoxication, while the cerebro-spinal dynamic force alone is exalted, blood is sent in preternatural quantity to all the organs, and their functions increased accordingly. The brain instantly responds, and one idea presses on another in such quick succession that they become blended into an indistinct chain of thought. The functions of the stomach, kidneys, liver, sudoriferous glands, testes, ovaries, &c., are preternaturally exalted. There is great indisposition to sleep or repose, hence the Bacchanal orgies continue uninterruptedly till complete physical exhaustion or till the potations become sufficiently potent to arouse ganglionic actions, and shut off the super-abundant supply of blood. The same physiological state of the two nervous systems exists in the second stage of intoxication that does in narcosis from opium, consequently the same inactivity of organic function.

The brain no longer feeling the vitalizing influence of the blood becomes incapable of perception and sinks into a state of repose called sleep, from which, if capillary occlusion be complete, it may never arouse. Continuous alcoholization necessarily impairs digestive function by depriving the gastric and pancreatic glands of a sufficiency of the element from which

the solvent is elaborated. Hence the anorexia for albuminous food, while the calorifacient, concentrated in the alcohol, is required in superabundance to feed the consuming flame. The softened and flabby state of the tissues easily allows exudation and even transfusion of blood so deficient in plastic material; hence the proneness to fatal epistaxis—the schneiderian membrane naturally affording slight support to the vessels, when weakened easily gives way. Effusion into the tissue produces “rum blossoms,” so pathognomonic of the dissolving state, that the victim is already beyond redemption. It seems a universal law that greatly deficient nutrition produces disorganization and ulceration, sloughing or atrophy.

As disorganization and ulceration of the eye follow destruction of the fifth nerve with ultimate loss of function in the nerves of special sense, or atrophy from injury to the posterior half of the spinal cord, and possibly gangrene and sloughing, arising from unbalanced action of the ganglionic centres, and consequent capillary occlusion, so continuous deep intoxication deprives the surfaces which depend principally on imbibition for nutrition, of enough of the plastic materials to sustain vitality: hence ulceration of the conjunctiva, and mucous surfaces of the *primæ viæ*, and often unsightly patches on the skin. Ulceration of the stomach does not, therefore, arise, as generally supposed, from the direct contact of the stimuli.

It is proved by experiments on brutes, and in one instance at least, on man,—that martyr to science, Dr. Stark—that neither the amylaceous nor the albuminous principle of food can alone sustain life for any lengthened period; consequently when the inebriate becomes so far advanced as not to be able to assimilate the fibrinous requisites, his days are numbered—as organic function necessarily ceases for want of material indispensable to vital action.

Unquestionably, alcohol diluted, as a therapeutic in great depression, has no known equal, but a knowledge of the possible consequences, must ever cause the true philanthropist to hesitate before prescribing an agent that may rouse into activity an insatiable appetite. In extra-uterine existence the very first operation in the vital laboratory is to convert lactine into the identical constituents of alcohol for the generation of heat and

throughout life the amylaceous principles, therefore the desire for some kind of stimulation is innate; hence the universal appetite for strong drink, tobacco, or opium, while the smell and taste of material real depressants, create a disgust and are never used or sought after for the production of pleasurable feelings.

The mind is capable of generating impulses of either an exaltant or depressant character from its own impressive imaginings or from impressions received through the senses. "Like begets its like" in a physiological as well as a moral and physical sense. Thus the manifestation of genuine passion in another impresses the observer with the very same feeling. The exhibition of joyousness in one, like heat radiates and permeates surrounding minds till blissful feelings pervade a whole company, while the manifestation of deep grief in any one in company, creates a corresponding feeling of sadness in all present.

Emotional exaltant influence promotes in a remarkable degree healthy functional activity, and consequently tends to resist morbid agencies, while the depressing passions greatly lower the dynamic forces, and thereby predispose the system to the reception of zymotic influences. Thus, the fear of contracting contagious or epidemic diseases depresses the nervous forces to the very degree required for their admission. Morbific emanations received into the system thus prepared, impress the centres with the identical characteristics of their source. So the sight of one in convulsions will throw a person of impressible temperament into spasms. Sympathy is a term wholly inexpressive of any physiological action, and therefore affords no philosophical explanation of the phenomenon. The image of the condition is firmly impressed on the retina, and being transmitted to the sensorium, creates an impulse of an emotional character, which being sent to the muscles, induces corresponding contraction. Diseases, like troubles, spring oftener from an imaginary than a real cause. During the present prevalence of diphtheria, the poltroon is sure to become a victim of his own dread, and the real malady will return as often as he imagines he feels its influence. Every one knows that a firm and persistent belief in the fatal termination of an approaching parturition is almost sure to be verified. The depressing emotion counteracts effec-

tually the most potent therapeutic agents. The best remedy is the assurance of safety, which can only be effectual when coming from a medical attendant, in whom she has unlimited confidence. A perfect illustration of the necessary condition for the reception of morbid agencies is afforded in puerperal cases. The consequent depression following labour, so predisposes the system to the reception of morbid agents, that the least possible emanation from the medical attendant, is sufficient to generate puerperal fever. A sporadic case has just terminated fatally here, and women recently confined, as well as those pregnant, are in a state of alarm, which may possibly produce an epidemic. A lady who had been present at the puerperal case referred to, and who had been confined three months, believed she had contracted the disease; the writer was telegraphed to go in haste; he found the patient in the most distressing alarm imaginable, and presenting a most pitiable appearance, but being assured there was nothing but fright, she cheered up at once and laughed at her own folly. In this case a confirmation of her own diagnosis, with the Gordonian treatment, probably would have resulted fatally.

If then, health and consequent longevity are dependent, to a great extent, upon a felicitous state of the mind, these most desirable attainments are within the reach of every rational being. Physicians especially, who are, or ought to be, thoroughly versed in physiological law, should be very Stoics in practice, setting an example to others worthy of imitation. The writer attributes his continuous good health during forty-five years of professional toil, to his uninterrupted flow of blissful feelings. Disposition is as much under the control of cultivation as any other faculty. If the writer has been sufficiently happy in the selection of his illustrations and their arrangement, to establish the existence of a general physiological law, the very consciousness of having contributed something towards elevating to the rank of a science a profession to which he has devoted a long life, will be a full and precious reward. Medicine as a science will be infinitely more important to mankind than all other sciences combined. We have only to establish its principles on a scientific basis to insure universal assent to its pre-eminence. The secret of the confidence of men of letters in the doctrine of

homœopathy consists in the assumption of the followers of Hahnemann, that their principles are based on a fixed physiological law, "*similia similibus curantur*." Persons of intelligence who are conversant with the absolute sciences, look through our works in vain for anything approaching a scientific principle to guide the practitioner, consequently without investigating for themselves, the truth of the homœopathic law, as it offers the semblance of a guide, embrace the most flagrant error ever propounded. Let this physiological law once be established, and its principles incorporated in school treatises, and charlatanism will disappear before its light as did astrology and alchemy before the superior blazes of astronomy and chemistry, or as mythology vanished before the effulgence of natural philosophy. The rising generation becoming familiar with the laws that govern their being, will no sooner trust their system, when requiring repair, to the hands of one ignorant of physiological laws, than they would a costly and intricate piece of mechanism requiring repair, to a person wholly unacquainted with mechanical laws.

Markham, Ont., March 27, 1872.

COMPOUND FRACTURE OF THE SKULL.—LOSS OF BONE AND BRAIN.—RECOVERY.

BY THOS. R. DUPUIS, M.D., F.R.C.P. & S. KN.

On the evening of the 16th of July last, I was called to attend a boy aged about ten years, who had been injured by a fall from a horse while going at a rapid pace. The lesion was a compound fracture at the middle of the superior portion of the left parietal bone, with considerable laceration of the brain. The broken piece of bone was nearly an inch and three-quarters long, three-quarters of an inch broad at one end, and three-eighths of an inch at the other. One edge of this piece was driven down into the brain in such a manner that its surfaces occupied a position perpendicular to their original situation, while the other edge remained *in situ*, being still attached to the solid

bone by the dura mater, which formed a sort of hinge upon which the fragment turned.

The injury having been inflicted by the sharp edge of a stone, the scalp was cleanly cut and detached from the fractured portion of bone. After exploring the wound with the points of my fingers (which passed in readily to the depth of half an inch or more), and ascertaining its nature, I laid hold of the outer edge of the fragment with a pair of dressing forceps and with very little difficulty removed it, the dura mater readily peeling off; several small splinters were removed from the wound afterwards. Nearly a tablespoonful of brain substance, I should judge, was lost previous to and during the operation. Pulsation in the brain was very distinct, but there was only slight oozing of blood from the wound, which was readily controlled by the application of cold water. When complete hæmostasis had been obtained, the edges of the scalp—which had been previously denuded of hair—were approximated, a few strips of adhesive plaster applied, and over these a folded piece of cotton cloth, wetted with whisky and water, was retained by a loose bandage. The patient was then placed on a comfortable bed, his head considerably elevated on pillows, six grains of calomel placed upon his tongue, and night-watchers arranged to keep the cloth on his head wet, and to prevent his injuring himself by involuntary motion or otherwise. The patient was comatose during the whole operation.

17th. *Morning.* Patient considerably roused and restless, though still unconscious; vomiting occasionally; pulse quickened, and skin hot and dry; but the wound was looking well. By the aid of an enema the bowels and bladder were freely emptied, which seemed to somewhat allay the restlessness.

Quietness was enjoined, and the wet cloth to the head ordered to be continued.

17th. *Evening.* Vomiting had continued; pulse quick and hard; skin hot and dry, and tongue covered with a white fur; there was moaning and jactitation, with convulsive efforts to pull the dressing from the wound; in fact, marked symptoms of phrenitis were manifesting themselves. I ordered the hair to be cut close, cold applications to the whole head, a jug of hot water to the feet, and a sinapism to the epigastrium, and gave small doses of calomel and potassium nitrate frequently.

18th. *Morning.* Somewhat quieter; otherwise much the same. Treatment continued.

18th. *Evening.* The unconsciousness had broken up into periods of delirium and lucid intervals, and the restlessness abated at times into comparative repose; vomiting had nearly ceased, and the bowels and bladder responded freely to the action of an enema. The wound presented nothing peculiar. The same treatment was continued, only the calomel and nitre at longer intervals.

19th. Vomiting had nearly ceased; restlessness not so troublesome; delirium not so intense, and lucid intervals greater; pulse softer and slower; patient had taken a little nourishment, the bowels and kidneys were performing their functions, and the skin was cooler. The wound was beginning to discharge matter, consisting of disintegrated brain substance, mixed with grumous blood and pus. As consciousness began to return, and with it voluntary power, paralysis of the left side of the body was found to exist to such an extent that the leg and arm of that side were entirely uninfluenced by the patient's volition. Treatment expectant.

20th. Showed some signs of improvement; reason returning, and was able to take some nourishment, and the bowels, kidneys, and skin were acting moderately. As the patient was rather restless, and the sore had an irritable aspect, I ventured on some small doses of Dover's powder for him, and had a poultice of bread and milk applied.

21st. He had rested better, the sore had a healthy appearance, and he seemed to be somewhat improved generally. The paralysis was more manifest, and he was not so quiet as could be wished. Gave Dover's powder again in larger doses.

22nd. General appearances much the same as on the 21st. Paralyzed side remaining the same, but the delirium seeming slightly increased. The wound was discharging healthy looking pus. The bowels were freely opened by an enema, with great relief to the patient. Dover's powder continued.

23rd and 24th. No marked change; general symptoms showing slight improvement; paralysis remaining the same.

29th. Had gained steadily up to this date; general symptoms good; delirium gone, but the mind fickle, and temper

irritable and capricious ; he was continually wanting change in food, position, attendants, &c. Notwithstanding the paralysis, which was perfect in the left half of the body, he was able to get himself up and down in bed. The wound was filled with healthy granulations, which were covered with laudable pus.

August 2nd. Had continued to improve; general symptoms good; paralysis not so complete; but there was an appearance of *embonpoint* that attracted attention, and which proved to be the beginning of anasarca.

8th. I had been sick and unable to see the patient since the 2nd; but now I found his appetite and strength improved, the wound healing rapidly, the intellectual faculties becoming normal, and the paralysis diminishing. The anasarca, however, had increased, and he presented the appearance of being most excessively fat. As the bowels were constipated, and the kidneys not acting freely, I treated him with a purgative dose of pulv. jalap. co., and followed this by a diuretic mixture of potass. nit., tinct. digitalis, spts. æth. nit. et aqua.

10th. The wound was still healing, and voluntary motion increasing in the left side, but the swelling of the body remained the same. As he now complained of pain in his head, and was generally feverish, and moreover, had been taking considerable nourishment, I left him several powders of calomel and jalap, to be taken at intervals of three or four hours.

11th. Patient much relieved by the free action of the powders. The diuretic mixture was continued.

12th. Improving rapidly; wound nearly healed; the anasarca subsiding; and he had so far recovered from the paralysis, that he could drag the left leg along, and nearly support himself on it sufficiently to walk without assistance. The left arm, however, was still quite useless.

18th. Had continued to improve and was much better; appetite and spirits good, though disposition still capricious. The anasarca was subsiding, but not gone; the effects of paralysis were still visible, and especially in the arm, but he was able to be out on the verandah amusing himself at some kind of play. Diuretic continued, and pulv. jal. co. occasionally.

From this time he continued to improve steadily, and about

a month later, all effects of his severe injury had passed away, except a slight puffy appearance about the face, a little clumsiness in his movements, and some irritability of temper. Since that time I have seen him once or twice, and, for aught we can discover, he is as healthy and strong as he ever was.

That patients may recover perfectly after losing a portion of the brain is now well established, and the chief points of interest in this case are, therefore, the paralysis and the anasarca. The occurrence of the paralysis on the same side on which the blow was received, I account for by the supposition of a *contre-coup*, by which laceration of some small vessels was produced, and an effusion into the base of the brain on the right side.

The origin of the anasarca seems somewhat puzzling, unless we refer it to imperfect action of the left kidney, caused by defective innervation. We know that the sympathetic nervous system is intimately connected with the cerebro-spinal, and more or less influenced by it, and therefore may easily suppose that the complete paralysis of one side of the body would affect the functions of the kidney on that side sufficiently to produce the anasarca state observed in this case. I watched the patient's mental manifestations closely during the whole time, but failed to detect any particular morbid phenomenon that seemed to indicate injury to any distinct phrenological development. I make this case public with the hope that it may not be wholly without interest to the readers of your valuable publication.

THE THERAPEUTICS OF FAITH.

By WILLIAM McGEACHY, M.D., IONA, ONT.

It is a well ascertained modern fact that many noted medicines and remedies, so much lauded by their Authors, have been found on analysis to be possessed of little or no medicinal properties whatever; and yet, according to testimony supposed irrefragable, they have performed numerous cures closely verging on the miraculous, and uniformly proved themselves complete masters of all the ordinary ailments of the nosological catalogue,

besides many others not found in a recognized nomenclature. The palming off of spurious articles of almost every description seems, indeed, an almost inevitable sequence of a high civilization. I say nothing of the healing salves, Indian root pills, infallible bitters, and blood purifiers we see perpetually before our eyes in the public press, as no reasonable person would expect any degree of honesty or principle at the hands of those who derive their gains from the traffic in human life.

An article in "*Tilden's Journal of Materia Medica*," suggests this paper; and knowing that the *Lancet* always supports purity in the profession—always advocates the drawing of strict party lines, so to speak, between the man of science and the charlatan,—always upholds, in point of fact, that such coalitions are essentially immoral, I deem it not altogether out of place to call attention to this and similar Journals, and their pernicious influence on a genuine medical literature.

The Messrs. Tilden and Bates are by trade manufacturers of *fluid extracts*, and a pamphlet is published periodically by the firm, setting forth the virtues of their own preparations of the standard medicines, and of the various other new herbs which their ingenuity and that of the quack world in general can torture into the role of healing agents. We have in it a species of literature holding an intermediate position between the ordinary quack and scientific medicist,—seeking to invoke the patronage of the latter, while resorting to the low schemes and shuffling plausibility of the former. I do not, therefore, hesitate to say that this Journal and all of its class are utterly unworthy the sanction of the profession, and should be discouraged in every possible way. There is indeed, so far as my experience goes, no particular inducement to make use of their standard preparations, that we cannot easily forego, either on the scale of cheapness, purity, strength, or reliability. Not an issue, but some *new remedy* is huddled into the field of therapeutics by this enterprising firm, with the gentlest possible suggestion that the fluid extract, especially as prepared by Tilden & Co., is the only eligible mode of administration. The Journal, too, contains at times, copied from standard periodicals, really interesting information, held out as a bait to the regular profession, and as a specious guarantee of respectability. This gives a leaven of

sanctity to the whole mass, and it is on this very account that it becomes so essentially baneful and disgusting. Young practitioners fall in love with the "*new remedies*," make trial of them, get bitterly disappointed, and henceforth declare their unbelief in the therapeutical power of any drug.

ARNICA.—I might mention many herbs possessed of so-called wonderful virtues, but lest they should be unfamiliar to many of the profession, I take up *Arnica*, as spoken of in the above-mentioned Journal for December last. Another reason for making this drug the text of my discourse is found in the fact that many intelligent physicians at one time had some faith in its efficacy, and that, inert as it may be, it perhaps occupies a front rank as compared with many of the eclectic remedies and Shaker herbs with the virtues of which the profession are sought to be gulled. This plant is as well known to the regular profession as any article of the Pharmacopœia. It is said to have been brought into notice originally by unscientific herbalists with profuse recommendations touching its benign power, and will doubtless be employed by such long after it has been demonstrated to possess no specific virtues. The tincture and the fluid extract are the usual forms in which we see it, and let us mention just a very few of the wonders which said tincture and fluid extract are alleged to accomplish. It may be noted, *en passant*, that the tincture consists chiefly of diluted alcohol, holding in solution substances slightly stimulating and astringent. Hundreds of Canadian herbs possess similar constituents, and are equally efficacious therapeutically in the indications sought to be fulfilled by Arnica. The fluid extract consists of pretty much the same as the tincture, only containing a little less alcohol. The preparations of Arnica, in brief, are composed of alcohol, water, resin, and an astringent, bitter principle; but, to refer to some of its alleged special uses:—

1st. RHEUMATISM.—"Eminent Physicians," use it, it is said, in this disease, but to fulfil what indications, I for one, am at a loss to discover. A single trial will do more to decide its value in such cases than pages of fools-cap. I assert as the direct result of experience, that Arnica has no action whatever in rheumatism, and no influence in the slightest degree over the fibrous tissues of the body, except such as the fancy of the exhi-

bitor chooses to assign it. On the expectant principle it would no doubt prove a "valuable remedy." Dose of the fl. ext., 10 to 16 drops, prepared by H. A. Tilden & Co., Lebanon, N. Y.

2nd. AGUE.—The "eminent" Bergius, a great admirer of Arnica, tried both the powder and infusion of the root in this affection, but "things would'nt work"; yet, the other "eminent" men quoted by Tilden found it a specific.

3rd. AS A DIURETIC TONIC.—It is as much of a diuretic perhaps, as common Young Hyson tea, and infinitely inferior as a tonic. In the former capacity, its value depends solely on the water and alcohol used in its preparation. To gravely state that it has cured innumerable dropsies, is, if the statement can be believed, the most convincing example yet of the *vis medicatrix naturæ*.

4th. PHYSIOLOGICAL EFFECTS.—It is stated to have a certain action or influence on the nervous system, so have all resins and bitters, especially when dissolved in diluted alcohol. "R,—— (This gentleman is wise in concealing his name); "regards it as "peculiarly adapted to persons of a leuco-phlegmatic temperament, "but is contra-indicated by augmented excitability of the nervous "system, by general nervous plethora, &c."

5th. PNEUMONIA.—It seems to be of as much use in this disease as so much whiskey, and cannot, therefore, do any possible good or harm, in ordinary doses. I cannot conceive of a rational being having pure imagination so predominant, as to attribute to Arnica any therapeutical power over Pneumonia. Richter, however, something of this opinion, wisely suggests that it be combined with *quinia*, *camphor* and *opium*,—not a bad combination truly in Typhoid Pneumonia, but assuredly of equal efficacy with the Arnica omitted; so, also, as to Alimentation and Carb. of Ammonia. It seems to be used here as a diaphoretic and cardiac sedative. I deny *in toto* that it possesses any such power. I question not that the infusion, if taken very hot, might act on the skin, precisely as so much hot water does.

6th. PARALYSIS OF THE BLADDER!—Try it, and use Tilden's fl. extract, Lebanon, N.Y. Dr Stillé is quoted as saying that it has been recommended for certain forms of Paralysis. Any reader of *Tilden's Journal* is in a position to make the very same

statement. Dr. Stillé, however, is careful not to risk his own reputation by recommending it.

7th. DYSENTERY.—Stillé says again *that Stoll says* that Arnica is a specific in this disease; so is Ipecacuanha, or was once thought to be; so is the extract of wild strawberry, Canadian Pain Destroyer, Carey's Drops, &c. Still this venerable *Æsualapius* thinks it well to add opium and astringents to the *main* remedy. What the main remedy is supposed capable of doing itself does not clearly appear. It may do as much good as a weak solution of common resin in alcohol, but until I see it proved, I shall take the liberty of doubting it.

I cannot occupy your space in alluding to the alleged marvellous operation of Arnica in Epilepsy, varicose veins, scurvy, amaurosis, anæsthesia, and the like, but will conclude by a word or two concerning its use in ordinary bruises and Ecchymoses. This in fact was the purpose to which the plant was originally applied, and almost the only point claimed to which its healing agency had a direct reference. To prevent the discovery of its comparative inertness, Tilden recommends a Formula consisting of Aconite, Muriate of Ammonia, and *Arnica*,—an excellent mixture, no doubt, and if the *main* remedy be omitted, I challenge any intelligent surgeon to discover it from the action of the lotion, unless made specially aware of it.

Arnica used to be a fashionable application to the condition vulgarly known as a "black eye." It is still so used by many, and with a fair result,—nature and the diluted alcohol seldom failing to make a good job. Let any man, however, try a solution of sal ammoniac, or even of its equivalent sodium compound, in diluted alcohol, and if not as well satisfied with the result, as from the use of Arnica, I will confess that Messrs Tilden & Bates, and the whole eclectic world, have at least in one point, been grossly slandered by me. Dr. Garrod knew this at an early period of the history of this drug, and acted upon the knowledge of the fact to expose the spurious claims set up in favor of Arnica.

"If used in Epilepsy, combine it with gelseminum, nux "vomica, and capsicum; if in Dysentery, with opium and sugar "of lead; in Paralysis with ergot, strychnia, belladonna, and "electricity; in bruises, with aconite to relieve the pain, and

"muriate of ammonia to stimulate capillary action, but, in
 "no case omit the *main* remedy, Arnica." So say Tilden & Co.,
 "in effect, and indeed in almost so many words."

"Then again, let our readers remember, the fluid extract,
 "particularly ours, is essential to every well-regulated drug
 "store and doctor's office; that from this the tincture is directly
 "prepared; or, if you choose to use the infusion, add one to six-
 "teen, and you have the best in the world; if a compound in-
 "fusion, we make it a point to keep the extracts of chamomile.
 "and peppermint, &c. Then, again, if you must have a fermenta-
 "tion, the invaluable extract comes into play."

All this, however, is so infinitely disgusting, that the longer
 I follow it out, the wider the field of censure seems to become,
 The Messrs Tilden & Co., are by no means noted for the reli-
 ability of extracts made by them from drugs admitted on all
 hands to be standard. To attain to perfection in this would be a
 laudable ambition, and not—and not—to presume to dictate to
 the medical world regarding the properties and uses of medicines
 of which they can know but little when applied to a system of
 which their knowledge must be unmeasurably less. We want
 no interested parties to point out to us the "new remedies," and
 to indicate the diseases in which they should be exhibited, and
 pronounce upon the particular form of administration, and
 especially to speak so decidedly of whom they ought to be
 purchased. Such is an insult and a crime, and should be, on the
 part of the profession, treated accordingly.

A CASE OF CATARACT EXTRACTION.

By RICHARD A. REEVE, B.A., M.D. Lecturer on Ophthalmic and Aural
 Surgery, Toronto School of Medicine; and Assistant Surgeon,
 Toronto Eye and Ear Infirmary.

W. M—, of S—, a hale farmer, æt. 85, has hypermature
 cataract of the right eye and progressive cataract of the left.
 The sight has been gradually failing upwards of five years.
 The right eye is practically blind, but good perception of light
 is retained. The pupil does not dilate well under atropine

owing to senile muscular atrophy of the iris and slight posterior synechia. There is a good anterior chamber, and the cornea is large. The palpebral fissure is rather short and the eye deep-set.

September 9, 1871. The cataract was removed by flap extraction with a Beer's knife, the patient lying on his back in bed. The lids were separated by Graefe's curved speculum, and the eyeball steadied with forceps. The section was made upwards, just within the corneal margin, and the knife was withdrawn before the completion of the incision so as to leave a narrow bridge near its summit. An iridectomy was then done, and the lens-capsule opened with the cystotome, when the section was finished by dividing the bridge with the scissors. A part of the cortical lens-matter, which had become fluid by secondary degeneration, readily escaped. The large, hard, nuclear portion was extruded through the gaping wound by slight pressure below on the globe: the pupil became clear, and the patient could count fingers. Both eyes were closed by straps of isinglass plaster, and in addition a pad of cotton-wool and bandage applied over the right eye. The room was then darkened. The patient was enjoined to lie passively in bed, and the most nutritious liquid diet, such as beef-essence, &c., was ordered, to be given with the spoon. No pain or inflammatory complication ensued. The eye was examined on the fourth day. The wound had healed and the sight was good. Atropine was applied and the bandage re-adjusted, and the eye subsequently kept under the influence of atropine by daily applications. The patient was allowed to rise at the end of the week, the eye being protected by a shade.

October 14. The patient went home. He could read $1\frac{1}{2}$ Snellen (this type) with $+$ 1 lens, and his vision for distance with $+$ $2\frac{3}{4}$ was $\frac{1}{12}$ (?).

November 22. The vision for distance had improved to $\frac{1}{6}$. On examining the eye by oblique illumination, a delicate grey membrane with an apparent, small, clear aperture in it, was observed stretched across the pupil. A fine cataract stop needle was passed through the cornea near its margin into the opaque membrane, which was then divided. A central pupil of the normal size was restored, the artificial pupil remaining obscured by opaque tissue. The eye was bandaged, and kept under the influence of atropine.

November 24. The patient returned home, his far vision with + 3 lens being $1\frac{1}{3}$ Jaeger with + $1\frac{3}{4}$; he could read No. 1 Jaeger, and No. 2 (this type) readily.

REMARKS.—The extreme age of the patient, and the exceptionally good vision ultimately recovered, render this case worthy of record. According to Dr. Haan's table, the visual acuteness of the normal eye at 80 years is represented by $\frac{1}{20}$. The normal standard may therefore be fairly considered as regained in this instance. It may be remarked that the patient could see distinctly a light walking-stick in a man's hand at over one hundred yards. If the patient possesses sufficient vitality to ensure the speedy healing of the large wound necessarily made, advanced age offers no contra-indication to an operation for cataract. Generally it is advisable to have the patient under one's care for a short time prior to the operation, to enforce such dietetic rules as will afford an additional guarantee of the success of treatment. As a rule, the gradual loss of sight is the only important subjective symptom, and it is a mistake to regard pain as an ordinary concomitant of the cataractous process. Indeed, the failure of the vision, with accompanying pain in and around the eye, occurring without any special cause at the age of 45 and upwards, especially in females, should arouse a suspicion of *glaucoma*, a disease that demands prompt and vigorous treatment. Ordinarily, during the extraction, the eyelids are carefully held apart, and the globe steadied by lightly applying the tip of the finger to its nasal side. A more satisfactory section can generally be made when the eyeball is fixed with forceps until the counter-puncture is made. The objection to the separating of the lids by the speculum, that undue pressure is exercised upon the eye, is almost wholly obviated by the use of the curved stop speculum of Graefe, or of Dr. H. D. Noyes, of New York. An associated iridectomy is especially useful when the pupil is not readily dilatable, to favor the exit of the lens and prevent the bruising of the iris; and it is frequently done to lessen the risk of prolapse of the iris, iritis, and suppuration of the cornea. In this case the excision of a segment of the iris was imperative, because the pupil was too unyielding to admit of the escape of the lens. The secondary cataract seemed due to changes in the posterior capsule, that rendered it opaque with

the exception of the small, apparent hole; and the division of the pupillary membrane was recommended about six weeks after the first operation, because it was feared that any operative interference after a long interval would probably be less successful, owing to further degenerative changes.

It is advised by some authors not to interfere with secondary cataract for several months after the extraction; but the opinion is gaining ground that it is better to divide the obstructing membrane early, while it is thin and easily torn, and a simple needle operation suffices, than by delay to allow it to become so thick and tough as to resist the needle and render necessary an operation that may possibly endanger the integrity of the eye.

The utility of *oblique illumination*, in which a cone of artificial light is directed obliquely into the anterior chamber by means of a strong convex lens, is well illustrated in the diagnosis of cataract and the critical examination of secondary pupillary opacities, details being observed that would wholly escape detection by the naked eye. In mature senile cataract by oblique illumination, the cortical portion generally presents a greyish color, not uniform but with interspersed opalescent striæ, and the nucleus yields a more or less yellow reflex. Even the initial stages in which the sight is but slightly affected, can commonly be diagnosed by the greyish stripes observable at the periphery of the lens, the pupil having been previously dilated; and that form of hypermature cataract where owing to certain retrogressive changes the cortical portion has become diffuent, can ordinarily be detected by the uniform milky-white or dirty grey color of the opacity.

As a result of the removal of the lens in cataract extraction, the eye acquires a high degree of absolute hypermetropia except in cases of originally extreme myopia, and its accommodative power is destroyed. Vision for distance is therefore much impaired, because, owing to the low refractive power of the eye, parallel rays of light are not focussed on the retina; and a strong convex lens is required to correct the defect in the refraction, and enable the patient to discover distant objects.

A still stronger glass is requisite to neutralize the effect of the loss of accommodation, and enable one to read, sew, &c. When the patient's vision was only $\frac{1}{6}$ with the naked eye,

with a $+3$ lens it was $\frac{1}{2}$. For the far vision he required a $+2\frac{1}{2}$ – $3\frac{1}{2}$ lens; for the near, $+1\frac{3}{4}$. The corrective glasses should not be worn, save casually, until three months after the operation.

24 Shuter Street.

TREATMENT OF EMPYEMA BY MEANS OF THE SYPHON-TUBE

BY WILLIAM OLDRIGHT, M.A., M.D., MEMBER OF THE MEDICAL COUNCIL OF ONTARIO; CURATOR OF THE MUSEUM, TORONTO SCHOOL OF MEDICINE.

Besides the case of Empyema alluded to by Dr. Richardson in your February Number as being under my care, I have since had another, in which I have also availed myself of the valuable method of treatment which he has originated. This last case has been far more complicated.

The first case was that of R— C—, age $3\frac{9}{12}$. I first attended Bobbie in May 1870, for a small abscess in the thigh, which healed up in a week. With that exception he had always been a strong, healthy boy. I was again called to see him on the 30th of November, 1870, and found him to be suffering from an attack of Acute Bronchitis. His symptoms increased in severity, and on the 4th of December he was very low: face livid, pulse 160, respiration hurried in proportion. Dr. Geo. Wright saw him with me from time to time. After this the urgency of his symptoms gradually abated; but about the middle of December we observed a circumscribed bulging and dullness a little above the left nipple, whilst the rest of the chest was resonant. A few days later the bulging disappeared, and the dullness became less marked in that particular portion of the chest; but became more general. The pulse continued quick, respiration quick and labored. Hectic symptoms also showed themselves. Dr. H. H. Wright was now called in consultation. Being convinced that the left pleural cavity was full of fluid, (Dr. Wright conjectured that that fluid was pus), we determined upon *paracentesis*. This was performed on the following day, 6th of January, Dr.

Aikins having also been called in consultation. On this occasion I introduced a small trocar and canula between the fifth and sixth ribs, on the lateral aspect of the chest. On withdrawing the trocar I introduced into the canula a small nozzle provided with a stop-cock, to which was attached a tube previously filled with water. About eight ounces of pus were then drawn off. The pulse became less frequent, the respiration less frequent and labored. The next day his parents said that he had slept better on the previous night than he had for a long time before. The same form of treatment,—tonics, stimulants and occasional soothing expectorants was given. This improvement lasted for a few days, but on the 14th I deemed it advisable to draw off the pus again. On this occasion I introduced the trocar outside the edge of the latissimus dorsi, between the ninth and tenth ribs, posteriorly, directing the point of the trocar somewhat upwards, but at the same time keeping well away from the lower surface of the supra-jacent rib. For the purpose of more effectually drawing off the pus, I adopted a modification of Bowditch's method: I attached the little stop-cock, by means of an elastic tube, to a Mattson's No. 1 Syringe, filled the whole apparatus with water, and drew off about twelve ounces of pus. The exit-pipe was kept beneath water in a basin; and the whole was kept raised above the level of the canula, so that if any air should leak into the syringe, none should be permitted to ascend into the chest. Dr. H. H. and Geo. Wright assisted me on this occasion. The improvement after this operation was more marked, and of longer duration, than after the previous one; the little patient being able to walk about.

I should have mentioned that in withdrawing the trocar at the first operation, I had allowed the point of the canula, (a small one)—to slip back into the paries of the chest; but not having withdrawn the trocar, the slip was easily remedied; in the meantime, however, some of the pus had escaped into the wall of the chest and not finding a way out, had directed its way into the surrounding tissues, forming a tumor about the size of a pigeon's egg. I evacuated it by an incision on the following day, but it did not heal kindly; and finally it became a valvular fistulous opening through which matter continued to escape in small quantities from the cavity of the chest, when that cavity

became distended again, whilst at the same time no air seemed to enter by it. Hence this turned out to be a fortunate accident for the time being, as the parents became averse to any further operation, thinking, I suppose, that such operation only gave temporary relief, and fearing the recurrence of what they judged, from the cries of the child, to be a series of very painful operations. Notwithstanding this adventitious opening, the little fellow began to sink gradually. In the meantime, I heard that Dr. Richardson had been treating a case by means of a tube left in the chest, and having met Dr. R., learned that he had treated the case on the syphon principle, not only drawing off the fluid, but washing out the cavity of the chest every day, or more frequently if desired. I gladly seized at this idea, and after reasoning several times with the parents, they in the course of a few weeks consented to allow the tube to be inserted. The boy was now barely able to drag himself round from chair to chair, and used to sit the greater part of the day with his head resting on the table: appetite gone, body all skin and bone, pulse rapid and weak, discharge somewhat offensive (although its odor was not fully appreciated till it was freely let out through the tube). On the 19th of May the operation of inserting the tube was performed, as described in Dr. Richardson's case in the February number of your journal; Dr. R. being kind enough to assist me in the operation. I introduced the trocar through the fistulous opening already alluded to, instead of making a fresh wound. About six ounces of pus were drawn off. Drs. H. H. and George Wright and Dr. Buchan were also present. From this time forward the little fellow improved rapidly, began to eat heartily, sleep well, and in a few weeks was running about the commons, playing with the other children. At first the daily discharge was from three to four ounces, not offensive. It gradually diminished, till the end of January, 1872, when it was about half a tea-spoonful. After the first few days I intrusted the "washing out" to Mr. J. A. Close, who was at that time engaged in my office. After a time Mrs. C. undertook the management of it. The tube was allowed to slip out two or three times, but was readily replaced, and on one occasion by Mrs. C. herself. On several occasions a drachm or so of clear blood ran from the tube; sometimes the tube would, at the commencement, contain

a string of clot. This was supposed to be due to granulations on the walls of the abscess.

About the beginning of January I inserted a new piece of tubing, the old having fallen out; but in about ten days it also came out, and Mrs. C. did not replace it, as her attempt seemed to hurt the little patient too much. I was not informed of this for some days, and on seeing him I found the sinus so closed, that I could with difficulty introduce a No. 3 gum-elastic catheter. As nothing ran out on withdrawing the stilet, I determined to take out the catheter. The wound opened up afresh twice at intervals of three or four days, and a small quantity of pus, variously computed by the friends at from one to three tea-spoonsful, escaped on his bandage. The wound has now been completely closed for about two months, and the little fellow is as hearty as ever, only sighing, once in a while (alas for the instability of human happiness!), for the jellies and other good things of the vanished past.

I hope at a future time to make some remarks on the very peculiar manner in which the fluid seems to have accumulated, as indicated by the physical signs, and to describe the present physical condition of the thorax; also to give a history of the other case now under treatment, which is proving far more troublesome, owing to certain difficulties which are taxing my resources to the utmost, but which I think I shall be able to overcome.

INVERSION OF THE UTERUS.

BY PETROS CONSTANTINIDES, M.D., M.R.C.S. ENG., TORONTO.

It was a superstitious belief of the ancient Greeks and Romans—and the notion still widely prevails among many Asiatic nations—that children born under certain constellations are apt to give, during their birth, a good deal of trouble both to their mothers and to their attending midwives; and these inauspicious periods to parturient women were anticipated with great dread both by the patients and by their friends. Such a strange epidemic of dystocia seems to have visited recently our city, and

there is hardly a practising physician amongst us who has not a tale to relate of some "very hard case" in obstetrics, which he has been called to witness within the last few weeks. Rare and complicated presentations, placenta prævia, fearful hæmorrhages, puerperal fever, and an unusual rate of mortality among confined women, seem almost to have been the rule rather than the exception. In my own, somewhat limited, practice in this field, I have had the misfortune of witnessing within a short time two very severe cases of miscarriage, a case of false conception—or rather spontaneous expulsion from the womb of a mass of hydatids—accompanied by almost fatal hæmorrhage, a case of seven-month twins (the first coming down shoulder first), a case of breech presentation, and a formidable case of inverted uterus.

Early in the morning of the 23rd February last, I was called to attend Mrs. B., in her third confinement. My patient is a well-built, healthy looking young person, of middle height, somewhat anæmic, and of a lymphatic temperament. She is twenty-five years of age. On arriving, I found her lying comfortably in her bed, waiting patiently for her short and tardy pains. She had not been long in labor. On making an examination, I found the os fully dilated, the membranes ruptured, the head low down, just emerging from the pelvis into the soft passages, which appeared to be unusually flabby and relaxed. I at once took my seat by my patient, and waited nearly twenty minutes for a pain, which, if of moderate strength and duration, would to all appearances have sufficed in expelling the child. The long expected pain at last came, but it proved so weak and short that it required another, and a third one, and several more, ere they gave exit to the head, which was followed in time by the well-developed body of a large, healthy, living male child.

About a quarter of an hour after the birth of the child, the pains having now to all appearance ceased, I was contemplating the propriety of administering a dose of ergot, but as there was no unusual hemorrhage and the patient seemed to be exceedingly comfortable, I felt hardly justified in interfering as yet with active measures. Accordingly, having placed my left hand over the somewhat relaxed womb, for to this time I had directed my patient to apply gentle pressure with both her own hands there, while I was attending to the child. I took hold of the cord with

my other hand and made gentle and steady traction in the usual way. I felt the apparently contracting uterus receding beneath my hand into the pelvic cavity. I felt the cord elongating, and part of the placenta to which it was attached already made its appearance at the external outlet. The sensation communicated to my hand was meanwhile identical with that communicated by a naturally expelled after-birth, while my patient experienced no peculiar inconvenience, displayed no unfavorable symptom, expressed no unusual measure of distress ; and I was about to congratulate her on the speedy termination of her easy confinement, when, suddenly, with a strong rebound like that with which a large, partially inverted india-rubber ball resumes its natural shape, a large tumor sprung through the unresisting passages, resting its convex surface on the vulva with the placenta firmly attached to it. One glance was sufficient to make me aware of the formidable disaster. I, without loss of time, undertook to detach the after-birth by pulling it off, but the operation was easier conceived than executed, for the adhesions were numerous and strong, while from the ragged surface of the exposed womb the bleeding every moment became fearful. Having detached the placenta, my first thought was to restore forthwith the inverted uterus, but the hemorrhage was now so alarming that instinct led me to press for a moment my fingers on the widely gaping mouths of three or four large sinuses from which my patient was bleeding rapidly to death. All this happened in less time than it takes to relate it. I sent meanwhile for assistance. Dr. Bethune was soon at my side, but ere his arrival I had succeeded in arresting the hæmorrhage ; yet, during that very short time the patient was so drained that it was evident the slightest renewal of bleeding would have certainly proved fatal. Dr. Bethune, therefore, being justly fearful of disturbing the clots, advised a postponement for a time of any attempt to return the uterus, and while he went for further advice, I undertook to restore somewhat the sinking woman by means of stimulants. Two hours after the occurrence of the accident, Dr. Bethune returned accompanied by Dr. Philbrick, who finding now the patient in a more favorable condition proceeded at once to restore the parts.

The apparent ease with which the inverted organ was

returned went further to convince us all of the extraordinary flaccidity of its relaxed tissues; and although in allowing its partial contraction, while I was making efforts to check the hæmorrhage, I was fully aware of the increased difficulties I was putting in the way of its final return. I could not help thinking then, and I am still fully convinced, that had I attempted to return the uterus immediately after the discovery of the mishap, and while that fearful flooding was going on, I would certainly have lost my patient.

The causes which so simply brought about so formidable an accident in this case were,—

1. An uncommonly capacious pelvis, at least at the outlet.
2. Unusual flaccidity of the uterine walls, indeed of all the soft parts involved in the accident.
3. A firmly adherent placenta.

I have thus endeavored to give as accurate an account of this rather rare accident as I possibly could. Those who have never had the misfortune of witnessing such an accident, may naturally feel greatly disposed to attribute the only possibility of its occurrence, to the extraordinary violence used by a careless attendant, in his efforts to extract the after-birth. But a little experience will suffice, I am sure, to convince the most censorious of us, that the requisite conditions being given—without a combination of which the accident is simply impossible—nothing can be brought more easily about, even in the hands of the most skilful and most experienced accoucheur.

Thanks to the prompt assistance kindly rendered by Drs. Philbrick and Bethune, my patient appeared to be making a good recovery, when, on the tenth day after her confinement, I discovered an extensive abscess forming in the lower part of her back, which, on being timely opened, gave discharge to more than a pint of thin, healthy pus. Formidable as the gathering appeared at first to be, it proved simply sub-cutaneous, and though it retarded somewhat her convalescence. I am happy to say that my patient at last made a speedy and satisfactory recovery.

Selected Articles.

PUNCTURE IN TYMPANITES.

The propriety of puncturing the colon for the evacuation of gas has occupied a good deal of attention at home and abroad. The subject was started by M. Foussagrives, who related at the Paris Academy of Medicine eighty-four cases of tympanites, and spoke of the operation as not serious. M. Depaul had previously related to the Paris Surgical Society a case in which the colon had repeatedly being tapped. The case was one of puerperal peritonitis, and it recovered.

There is no such novelty in the proceeding as M. Foussagrives seems to think, as will be seen in the sequel.

At the meeting of the Academy of Medicine at Paris on the 15th November, M. Piorry concluded the reading of his memoir on this subject in which he opposed the views of M. Foussagrives. The risk of puncture M. Piorry regards as considerable, perhaps greater than to cut down upon the cæcum and then to open the bowel. We ought, therefore, to exhaust all other means before having recourse to this, and to determine the exact anatomical and physiological cause of the accumulation. We should use the œsophagus tube and the rectum tube in addition to other means.

We may here name that Professor Dolbeau, of the Beaujon Hospital, has punctured the intestine in strangulated hernia to facilitate reduction, and stated lately at the Surgical Society of Paris that the practice is successful and not dangerous. Moreover, Dr. Douglas Morton relates in the *Richmond and Louisville Medical Journal* two cases of hernia, in which he tapped the strangulated bowel.

Sir Thomas Watson, in the new edition of his "Lectures" remarks:—

"There is one further expedient which I should recommend in these trying cases, which we know (no matter how) are of necessity fatal. In cattle that are 'blown' by overfeeding on wet clover, a rough procedure, that of piercing the distended bowel with a hay-fork, has often been practised by farmers with

complete success. The distress from extreme distension of the intestines by wind is so intense, the craving for relief from the distress so importunate, and the comfort from obtaining it so great, that, were I the subject of such pressing and prolonged torment, I should beg to have the inflated bowel eased by puncture with a fine trocar, even if I might (what is improbable) so lose a day of painful life. Since this thought was forced upon me by sufferings that I had personally witnessed, I have been gratified to learn, from a communication made to the Clinical Society by Mr. Thomas Smith, that the same thought, as was natural, had occurred to others before me, and being acted on with all the success of which it was capable; by Dr. Braxton Hicks, as well as by Mr. Smith, in this country; and by more than one physician on the Continent."

Those who think it novel have been carrying on an active correspondence in the *British Medical Journal*, and Dr. Clifford Allhutt and several others have put in a claim for priority. It will be seen from some quotations of the letters to our contemporary as well as from what has preceded, that the novelty like many others is old enough.

"The operation might have been first suggested by the practice advocated by the older surgeons of pricking with round or triangular needles the gut distended with air in the course of the operation for hernia," says Mr. G. Symes Saunders, Mr. Joual, and continues, "Pare, Corneille de Soelingen, and Pierre Dionis among others recommended the practice. Heister, in his work on 'Surgery' (Eng. ed. p. 74, 1750), suggests that in pneumatocele, or 'hernia flatulenta,' if ordinary remedies fail, the scrotum should be perforated with a trocar, and its contents thereby discharged, 'which will demonstrate whether it was wind or water.' In the same work, Heister expresses doubts of the success of the operation of paracentesis in tympanites. According to Sprengler, in his 'Histoire de la Médecine,' vol. ix. p. 181, Francois de Paule Combalusier was the first who successfully employed the trocar in tympanites. (Combalusier, 'Pneumatopathologia,' a French edition of which appeared in 1754, 'Traité des Maladies Venteuses,' traduit du Latin, par Jault, vol. ii. in 12). Benjamin Bell, having observed that this operation was attended with but slight danger in the lower animals, advised that

the intestine should be punctured in Tympanites. Callisen, who used Petit's trocar, states that paracentesis may be useful as a palliative ('Syst. Chir. Med.,' par. ii., p. 52). Charles Bell, in his 'System of Operative Surgery, vol. ii., p. 186, does not regard with much favour the practice of piercing the gut with the trocar in intestinal tympanites. C. B. Zang gives very precise directions for the performance of the operation. He plunges a long and fine trocar in the middle of a line drawn from the anterior extremity of the second left false rib to the anterior superior extremity of the ilium of the same side, to the depth of four or five inches. In this way the instrument strikes the descending colon without piercing the mesentery. (Zang's 'Operat. Th.,' iii. p. 289). Zang states that the operation is as devoid of danger as ordinary simple puncture, because, after the withdrawal of the canula, the wound in the intestine does not exceed half a line in extent. In the 'Dictionnaire de Medicine et de Chirurgie,' ed., 1835, L. Ch. Roche, in his article on 'Tympanite,' after recommending the ordinary remedies and attempts to draw off the gas with a syringe, states that, as a last resort, the abdominal walls may be punctured; and, although he considers the operation to be attended with grave danger, states that it has been practised a certain number of times with success. Among more modern works on surgery, Chelius gives similar instructions for the operation of paracentesis in distension of the alimentary canal with air, when the aliment is idiopathic, and not a symptom of any other disease. (South's edition vol. ii., p. 490). Olivier operated on twenty patients in Bolivia, South America, of whom eight recovered in three weeks; the others died, probably from not having been subjected to treatment till too late. The cause of the disease was attributed to overloading the stomach with half-cooked vegetable food, and drinking badly fermented liquid prepared from maize. (Vide 'New Sydenham Society's Year-Book,' 1861; and Schmidt's Jahrbucher, vol. iii., 308)."

"A little boy, æt. three years, suffering from peritonitis, attended with great pain and tympanitic distension of the abdomen, presumed to be tubercular, says Mr. G. D. Brown. Opiates were administered freely, nevertheless, the pain was intense, and the chance of saving the boy appeared to be hopeless. To give

some ease to my patient, with a small-trocar I punctured and removed one or two drops of pus and a quantity of foetid air. Immediate relief followed. The operation was repeated in a few days owing to re-accumulation, and the patient recovered.

"One case which occurred twelve years ago I well remember," says Dr. Wilkes; "Mr. Stocker called me up in the night to see a man just admitted for intestinal obstruction, and as his sufferings were great we put a trocar into his colon. It gave him great relief, and the operation was attended by no harm." The case is reported by Dr. Hilton Fagge in the *Guy's Hospital Report*, 1669.

"At present, we can say that in extreme tympanites after failure of the remedies it is highly desirable to tap the intestine," says Dr. Braxton Hicks, and continues, "perhaps when we know more of the operation we shall find the risk of extravasation less than supposed, and then we may say that in such cases the operation is not only highly desirable but necessary." — *Medical News*.

BROMIDE OF CALCIUM AS A NERVINE.

According to Dr. William A. Hammond (*Boston Med. & Surg. Jour.*), "Bromide of calcium is a white crystalline substance, very soluble in water, and readily decomposing on exposure to the atmosphere for a few minutes. The aqueous solution is at first colorless, but it soon becomes tawny from a portion of the bromine being set free. Its taste is similar to that of the bromide of potassium, though somewhat more pungent and disagreeable. The formula of bromide of calcium is Br. Ca. , and its combining equivalent is 98 ($\text{Br. 78, Ca. 20} = 98$); 100 grains, therefore, contain about 79.5 grains of bromine. The dose is from fifteen to thirty grains or more for an adult. It is especially useful in those cases in which speedy action is desirable, as, owing to its instability, the bromine is readily set free, and its peculiar action on the organism obtained more promptly than when either of the other bromides is administered. Chief among these effects is its hypnotic influence; and hence the bromide of calcium is particularly beneficial in cases of delirium tremens, or the in-

somnia resulting from intense mental labor or excitement. Thus, I gave a gentleman who, owing to business anxieties, had not slept for several nights, and who was in a state of great excitement, a single dose of thirty grains. He soon fell into a sound sleep, which lasted for seven hours. The next night, as he was wakeful, I gave him a like dose of bromide of potassium, but it was without effect, and he remained awake the whole night. The subsequent night he was as indisposed to sleep as he had ever been, but a dose of thirty grains of bromide of calcium gave him eight hours of sound sleep, and he awoke with all unpleasant cerebral symptoms—pain, vertigo, and confusion of ideas—entirely gone. In a number of other instances a single dose has sufficed to induce sleep, a result which rarely follows the administration of one dose of any other of the bromides. In some exhausted conditions of the nervous system, attended with great irritability, such as are frequently met with in hysterical women, and which are indicated by headache, vertigo, insomnia, and a mental condition of extreme excitement, bromide of calcium has proved in my hands of decided service. Combined with the syrup of the lacto-phosphate of lime, it scarcely leaves anything to be desired. An eligible formula is—*R.* Calcii. bromidi $\bar{\text{z}}$ i; syrup lact. phos. cal. $\bar{\text{z}}$ iv. *M.* ft. sol. Dose, a teaspoonful three times a day in a little water. In epilepsy I have thus far seen no reason for preferring it to the bromide of potassium or sodium, except in those cases in which the paroxysms are very frequent, or in cases occurring in very young infants; of these latter, several, which had previously resisted the bromide of potassium, have yielded to the bromide of calcium. It does not appear to cause aene to anything like the extent of the bromide of potassium or of sodium."

NEW REMEDY FOR SMALL-POX.

Xylol, xylene, or ethyl-benzine as it has been respectively called, is one of a homologous series of hydrocarbons, of which the well-known benzine and toluene form the two first. These hydrocarbons are all formed from coal tar naphtha. Xylol was first procured by Hugo Muller, but its nitro-compound had previously been discovered by Warren De la Rue in 1856. Coal tar

naptha is submitted to fractional distillation until the part which boils at 141° is separated, this is submitted to the action of fuming sulphuric acid, which dissolves the xylol and leaves the other hydrocarbons. The xylol is then separated by distillation from this mixture.

Xylol is said to have been used by Dr. Zuelzer, the Senior Physician at the Charitè Hospital at Berlin, with great success in cases of small-pox. The theory of its action would appear to be that xylol is taken up by the blood, and acts as a disinfectant. The vapour seems to the writer to possess faint, and not very well marked, anæsthetic properties—this may be due to the presence of a small quantity of benzol, or the other hydrocarbons. The antiseptic properties of this group of compounds are well known, and thus probably the specific action of this one. The boiling point is variously stated at 139° to 140° . The specimens examined by the writer, generally commenced to boil at about 135° C. The specific gravity was .866.

It is said that the purity of xylol is of importance, but unfortunately there is no very ready method by which the ordinary practitioner might detect its purity. It should be soluble in fuming sulphuric acid, but it is not soluble in the ordinary sulphuric acid of the Pharmacopœia.

It has a faint odour something like benzol, and an aromatic taste. The dose is three to five drops for children; ten to fifteen drops for adults every hour to every three hours. It is quite harmless in reasonable doses. In Berlin it is given in capsules. As it is very insoluble the best method of giving it would be in an emulsion of almonds. When once assimilated it is rapidly oxidized in the body, this fact being demonstrated by the production of a peculiar odour in the urine, which, however is quite distinct from xylol itself.—*U. R. C. Tichborne, F. C. S., Medical Press and Circular.*

VEGETABLE POWDER.

According to the *Mouvement Médical*, "vegetable powder" is for some purposes superior as an application to linseed meal. Unfortunately, the nature or composition of the preparation is not given, yet the following remarks regarding it may have an interest for some of our readers :

The powder in question is finely granulated and dark coloured, more so than linseed meal; its odour reminds one of oleaginous grains; its taste is sweetish. Applied to the tongue this powder gives a sensation of freshness, to which succeeds one lightly acrid. It is easily soluble in water, and when mixed with a little saliva immediately acquires a semi-mucilaginous consistence.

The last property shows the very hydrometic power of this powder, which we continue to call, for want of a better name, "vegetable powder;" in fact, while being very finely granulated, it gives to the finger a sensation of the dryness which linseed meal leaves; it absorbs a great quantity of water, and with a spoonful of this powder a poultice the size of one's two hands may be made; this presents the appearance of very soft pulp, more equally mixed with water than that obtained from linseed meal, and preserving its humidity much longer.

Water is everything in a poultice. If it is more efficacious in this form than as a lotion, it is because the poultice has a certain weight, reduced certainly as much as possible, but much greater than that of a bandage steeped in fluid; it is also kept in its place by a slight pressure; these different actions cause the water to penetrate more closely into the tissues. The poultice is, so to speak, but a medium for the fluid; of what use is it then when the water which it contained has completely evaporated? The first condition, therefore, of a poultice is to preserve as long as possible the water employed in its preparation.

But it may be said that it is easy to make a linseed-meal poultice more hydrometic by increasing the proportion of meal; in other words, making the poultice thicker. This is true, but at the same time it would be both cruel and useless to try to persuade a person suffering from phlegmon or peritonitis to keep a weight on the affected part. The second condition, therefore, of a poultice is to be as light as possible, so that the place which is inflamed and in pain should easily endure this therapeutic means of cure.

The "vegetable powder" presents this double advantage, being very hydrometic and absorbing much water it can be used in small quantities, forming a soft and very deep paste, and further, by reason of its slight bulk, very light. But besides

this, the specific gravity of the powder is less than the linseed meal, so that lightness is added to persistent humidity to make of a poultice prepared from this substance a typical production.

Let us add, that linseed meal contains acrid matter which excites the skin, and a fatty oil, which, in contact with the air, absorbs oxygen, develops fatty acids, and, so to speak, produces rust, another cause of cutaneous irritation. The "vegetable powder" is less disposed to produce this last phenomenon. We do not say that the inconvenience is entirely obviated, but we believe it is less than when linseed meal is employed.

The first impression which the patient experiences to whom a poultice made of this powder is applied, is a sensation of freshness; in a few moments a slight reaction supervenes, heat arrives, but this is not great, and is merely temporary, freshness soon returns, and remains as long as the application lasts; this may be prolonged for a considerable time on account of the light weight of the poultice.

Poultices of this description have recently been applied to a case of an infant affected with peritonitis, in a case of phlegmonous erysipelas, of two persons with abscess of the armpit, of several females affected with metritis or meto-peritonitis, and in one of phlegmon of the breast; also of a patient who had suffered upwards of a year with scrofulous ulcer of the arm,—in each instance with complete success.—*Medical Press and Circular*.

SCARLET EFFLORESCENCE OF THE SKIN, PRODUCED BY THE EXTERNAL APPLICATION OF BELLADONNA.

By J. G. WILSON, M.D., F.R.S.E., Professor of Midwifery
in Anderson's University; Physician-Accoucheur
to the Glasgow Maternity Hospital, &c., &c.

The two following cases, in which the external use of belladonna produced an exanthematous eruption on the skin, resembling that of scarlet fever, appear to me deserving of record. That belladonna, when administered *internally*, sometimes produces a scarlet rash on the skin, is a circumstance which has long been known. The fact that it occasionally does so is shown by

its introduction into practice as a prophylactic or preventive against scarlet fever, in accordance with the homœopathic axiom of "*similia similibus curantur*." A scarlatinoid eruption from the *external* use of belladonna is certainly very unusual. Although I have for several years past frequently and freely applied belladonna externally as an anti-lactescent, both in hospital and in private practice, the two following cases are the only instances in which I have observed any scarlatinoid rash as a result of its employment.

CASE I.—Mrs. E——, aged 26; primipara: sanguine temperament: was delivered of a fine healthy child after a labour of no unusual difficulty. In the course of a few days after confinement, it became obvious that, owing to a defective condition of the nipples, there was little or no prospect of her being able to nurse the infant; and, consequently, all attempts at lactation were abandoned. The usual means for arresting the secretion of milk were had recourse to; and, notwithstanding the use of saline laxatives, abstinence from liquids, &c., the breasts became very full, hard, and painful. On finding this to be the case I ordered the breasts to be well rubbed with the balladonna liniment night and morning. This treatment was regularly continued for three days, with the effect of reducing the engorgement of the breasts very much. On the 4th day from the first application of the belladonna, my attention was directed to a bright scarlet eruption on the patient's face and chest, and which, in less than twelve hours, had extended nearly over the entire surface of the body. I should mention that prior to the appearance of this eruption no febrile or other unfavourable symptoms had supervened—the pulse was generally calm, and the skin cool. The appearance of this eruption naturally alarmed my patient very much—the pulse rose in frequency, and there was a marked increase in the temperature of the body. She complained, moreover, of a slight soreness and dryness of the throat; more or less restlessness, and a tendency to delirium; there was indistinctness of vision, with dilated pupils. On examination of the throat a slight degree of redness was observed about the fauces. The combination of these symptoms, although sudden and irregular in their occurrence, led me naturally to suspect puerperal scarlatina, and I, consequently, began to dread the ultimate result. In the belief then entertained that I

had to do with a case of scarlet fever, the treatment appropriate to that disease was at once resorted to. The eruption remained well out for three days, and then gradually disappeared; and with the disappearance of the eruption the pulse became calm, the skin cool, and sore throat vanished. The pupils, however, remained more or less dilated for several days after the other symptoms had departed. The urine was examined from time to time, and found free from all traces of albumen. There was not the slightest appearance of any desquamation of the cuticle. The patient had suffered from scarlatina when a child, and had not been exposed, so far as she knew, to contagion, before her confinement. She made a speedy and good recovery.

The second case occurred a few months subsequent to the former. Mrs. ———, aged 27; multipara: of a leuco-phlegmatic habit of body. After some unusual exertion, was suddenly seized with parturient pains, and after a short and rapid labor was delivered of a premature still-born child. There was no other notable peculiarity about the labor. On the 3rd day after *accouchement*, the breasts became very much distended and very painful. She was told to take saline aperients, to avoid fluids, &c. As this had little or no effect in relieving the tumified breasts, I ordered them to be rubbed twice a day with the linimentum belladonnæ. Three days after this treatment had been tried, the breasts became greatly reduced in size, and the pain was almost gone. The liniment was now discontinued. On the following morning, the nurse called my attention to a scarlet rash over the patient's chest, and which by the evening had become diffused over the entire body. The pulse, which had before been calm, was now 98, and the skin was hotter than usual. She complained of indistinct or confused vision, dryness of the throat, and there was a slight tendency to delirium. On examination, the pupils were found much dilated and sluggish, and there was a little redness about the fauces. At first sight I was disposed to consider the case as one of scarlatina, but ultimately came to the conclusion that the symptoms just described arose from the absorption of the belladonna. The previous case, the dilated pupils, &c., the absence of the usual premonitory symptoms of scarlatina, chills, lassitude, headache, &c., tongue not presenting the white strawberry look so characteristic of mild scarlet fever,

were the points on which my diagnosis was based. Acting upon this view of the case, I prescribed opium in small and frequently repeated doses. In four days the eruption had quite disappeared, the pulse became calm, and the skin cool. The pupils did not, however, regain their normal size for a few days longer. There was not the least desquamation of the skin. The patient recovered quickly and well. The complete absence of desquamation of the skin, the persistent dilatation of the pupils, and the patient's rapid recovery tend, I think, to prove the correctness of my diagnosis.—*Glasgow Medical Journal.*

STRUCTURE OF THE RED BLOOD-CORPUSCLES.

Nothing can better illustrate the difficulties that beset the determination of the minute points of microscopical inquiry than the discrepancy of opinion that exists amongst the best observers in regard to the structure of the red blood-corpuscle. For many years it was held to be indisputably a cell, and to consist of a definite cell-wall enclosing cell-contents. For some time past, however, a change of opinion has been visible; and in most of our text-books of physiology, if it be not expressly stated, it is at least hinted at as probable, that the corpuscles are homogeneous semi-solid bodies, the surface of which may perhaps be a little more condensed than the interior. The remarkable experiments of Mr. Roberts, of Manchester, on the action of the anilin and tannin, though at first apparently in favor of the cell theory, were yet subsequently considered to be explicable on the theory of homogeneity, by supposing that these agents hardened the surface, and so led to the phenomena observed. The peculiarity and persistence of the form of the red corpuscles, and their behavior on the application of pressure, are certainly in favor of this latter view. A paper, however, by Dr. Joseph Richardson, of Philadelphia, which we have just received, speaks strongly in favor of the old cellular view. This gentleman's experiments were conducted upon the *Menobranhus*, which he obtained from the Cayuga lake in Western New York, the blood corpuscles of which animal are, as is well known, gigantic, being about 216 times larger than those of man. In endeavoring to discover

some indications of the presence of a cell-wall, he found quite unexpectedly that the colored portion possesses the remarkable property of crystallizing with great readiness *within* its envelope. Dr. Richardson states that, on slightly concentrating the blood of this animal, one or two crystals form in almost every corpuscle; and the effect of their formation and elongation is precisely what we might expect to be produced by bodies of similar shape contained within an ordinary bladder partially filled with fluid, the ends of the corpuscle being in some instances thrust out till the length becomes a third greater and its breadth correspondingly diminished, the nucleus being closely compressed against the prism. In other instances, where the corpuscles lie across, the whole corpuscle assumes a lozenge or rectangular form, in which state it may be mounted dry. Dr. Richardson further argues—though this is less satisfactory evidence—that on briskly stirring, freshly drawn blood with several times its volume of water, the coloring matter can be withdrawn, leaving the cell membrane intact. And finally, he has succeeded in dividing a corpuscle under the microscope with a sharp needle; the contents escaped, while the cell-wall shrank up around the nucleus into a perfectly hyaline particle. From these researches he concludes that the older theory, which asserts that the red corpuscle of the vertebrates generally are vesicles, each composed of a delicate, colorless, inelastic, porous, and perfectly flexible cell-wall, enclosing a colored fluid, which is sometimes crystalizable and is freely miscible with water, explains the physical phenomena presented by the red globule far more satisfactorily than any other hypothesis that has hitherto been advanced.

Without disputing the accuracy of the observations here recorded in reference to the corpuscles of the Amphibia we would just remark that it by no means follows that the structure of the corpuscles of the higher animals is at all similar; and we are still disposed to hold the opinion of Dr. Gulliver, that, in mammals at least, the red corpuscles are nuclei, and as such are probably homogeneous in composition, and destitute at any rate of a proper cell-wall.—*London Lancet*.

A PLAN FOR FACILITATING THE REDUCTION OF STRANGULATED HERNIA BY TAXIS.

"The objects to be attained in the treatment of hernia in a state of strangulation, are the release of the protruded parts from stricture, and their replacement within the abdomen, provided they are in a suitable condition." These objects are usually sought to be accomplished either by taxis or by operation with the knife."

Some years ago, a nurse in one of the medical wards in the Meath Hospital had a reducible femoral hernia. She neglected to wear a truss, and one day it consequently became strangulated. My father, being the surgeon on duty, tried taxis, as did also the other surgeons, without success. After consultation, an operation was decided on, but every argument failed to persuade the patient to submit—she would rather die than be cut. After the surgeons had left, the clinical clerk (since a very distinguished medical officer in the army) and I thought it a good opportunity to study the relation of the ring to the sac. The result of our examination not a little surprised us. On withdrawing my finger from the ring into which I had inserted it, we heard a distinct gurgle. My fellow-student pressed the tumour, and it passed into the abdomen. The patient lived for many years afterwards, and performed her duties in the hospital. I have since frequently tried to repeat this happy manœuvre, and with most satisfactory results.

For inguinal hernia in the male, the index finger is applied to the lowest part of the scrotum. This is invaginated (as in Wutzer's operation for radical cure), the finger being passed behind the testicle and cord up to the external ring. The hernial tumour is then pressed downwards over the finger towards the back of the hand, so as to make the structures in the ring tense, and consequently smaller. The invaginating finger is then forced firmly upwards and outwards in the direction of the internal ring. As soon as the finger is firmly grasped, the hand should be slightly turned, and the finger pushed towards the middle line. Considerable force may be safely applied in this way, as all the delicate structures are behind the finger, which acts mainly on the stricture. On withdrawing the finger, the hernia

can usually be easily returned. The same principle is equally applicable to femoral hernia. This plan may have occurred to others; but if so, it is perhaps not generally known, and any suggestion by which a cutting operation may be safely avoided is acceptable to the practical surgeon. My colleague, Mr. Porter (surgeon to the Queen in Ireland), was much pleased with the success of this plan in a case of inguinal hernia strangulated four days; and he has since tried it himself with satisfactory results.

The advantages which I claim for this procedure are—1. The strangulated portion of the ring is dilated before any pressure is applied to the bowel; 2. Much greater force may be applied to dilate than could safely be brought to bear when the intestine itself is employed for dilation, as in ordinary taxis; 3. There is much greater probability of returning the bowel into the abdomen in a good condition, and, consequently, in a number of cases avoiding a dangerous surgical operation.—*Dr. Smyly in the British Medical Journal.*

MANAGEMENT OF EPILEPSY.

Dr. Brown-Sequard recommends, in the treatment of epilepsy the following combination of the bromides of ammonium and potassium:—

℞ Potassii iodidi, 3 j.;
 Potass. bicarb., ℥ij.;
 Potassii bromidi, 3 j.;
 Ammonii bromidi, 3 iiss.;
 Inf. columbæ, 3 vj.;

S. A teaspoonful before each of the three meals, and three teaspoonfuls at bedtime, with a little water.

Dr. Robert Bartholow's (*Fisk Fund Prize Essay*) plan of treatment consists in giving a powder, containing two scruples of bromide of potassium dissolved in water, three times a day, and after the cessation of the paroxysms a drachm dose at bed-time only. It is now well known that a patient cannot omit his dose for a single day without danger of having the attacks return, and he cannot be considered exempt until he has passed two years without a convulsive seizure.

To prevent the development of bromism, Dr. Brown-Séquard is in the habit of combining arsenic with the bromide of potassium. Since using this combination, he has not observed so much the debility caused by its prolonged administration. The use of iron, strychnia, the hypophosphites, is also indicated to maintain the health of epileptics during a course of bromide of potassium. The hygienical means consist of abundant food, wine, outdoor employment, and a careful regulation of the moral life.—*Medical Press and Circular*.

THE CONCOURS IN FRANCE.—A competition by *concours* for the office of surgeon to the Charité Hospital at Lyons commenced on December 4th, and lasted four days. There were six candidates—Drs. Aubert, Christôt, Fochier, Leriche, Magnien, and D. Mollière. The subjects of competition were: 1. A lecture of twenty-five minutes' duration on the anatomy and physiology of the hand; 2. A description of the influence of pregnancy on traumatism, and the influence of traumatism on pregnancy; 3. A description of erectile tumours, and ligature of the femoral artery in its lower third; 4. A written account of a clinical case (traumatic lesion of the elbow in a child); 5. A clinical lecture on the case of a child aged 12, who had pes valgus, and had been admitted into hospital in consequence of the foot having become painful. The contest, which appears to have been a very close one, ended in favour of M. Fochier.

SULPHATE OF IRON AS A LOCAL APPLICATION IN PHLEGMASIA DOLENS.—Dr. R. W. Crighton was led many years ago to employ the sulphate of iron as a local application in phlegmasia dolens, from its great success reported by Velpeau from its use locally in erysipelas. It had been employed exclusively in that form of phlegmasia dolens commencing at the calf of the leg and extending upwards to the groin, where the veins are chiefly involved. It had been applied as a lotion (twenty to thirty grains to one ounce of water), as hot as the patient could comfortably bear it, generally by means of spongio-piline. All the cases so treated had made good and rapid recoveries, contrasting favourably with cases formerly treated by leeching and ordinary hot fomentations. Muriated tincture of iron was, at the same time, given in large doses. The same method of treatment was suggested in other cases of phlebitis. The action of these remedies was referred to their power of controlling vascular dilatation, and also to their antiseptic powers.—*British Medical Journal*.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, APRIL 1, 1872.

COLLEGE OF PHYSICIANS AND SURGEONS' HALL.

It is now six years since the Medical Council was called into existence, and yet the Members have no College or building in which to meet, or hold their examinations. This is a circumstance very much to be regretted, and one which demands the most serious consideration. It is sometimes exceedingly difficult to obtain at the proper time a suitable building in which to meet, besides the trouble and annoyance, not to say inconvenience, which is occasioned by it. It is generally conceded by all that the future meetings of the Council should be held permanently in Toronto. The situation is most central, and well suited for the permanent establishment of such an institution as is required by the Council. A building sufficiently large could be erected for a moderate sum, and wings could be added at a subsequent period. It should have offices for the various officials, an Examination Hall, Library, Museum, &c., but in the meantime a moderate sized building would suffice. We are of opinion that if this matter were properly brought under the notice of the Government with the unanimous approval and support of the profession throughout the country, a grant might be obtained sufficient to erect a building for the use of the Council. It cannot be said of this that it is sectarian in its nature, and we can therefore see no good reason why it should not receive the attention of the

Government. The proceeds of the College at present are no more than sufficient to pay the working expenses of the Council, and therefore some scheme must be adopted in order to secure funds for the purpose above mentioned.

If the Council had a building of their own in which to meet they could then with much less trouble and expense hold their professional examinations *semi-annually*. In fact, these examinations should be held more frequently, so that no injustice may be done to those candidates who may fail to pass in one or two subjects at the final examination. It is certainly a great hardship to compel the unsuccessful student to wait a year before he can again present himself for examination. In reference to this matter we would suggest in the meantime the propriety of granting permits to practice in the interval in cases in which the candidate may have failed in one or two of the less important subjects, such as, for example, Practical Chemistry, Medical Jurisprudence, or Sanitary Science.

While upon this subject we take occasion to refer to the remarks of the Ex-President of the Council, Dr. Covernton, in his address at the December meeting, in reference to the remission of subjects accorded our graduates at the Royal College of Surgeons, London,—of all subjects but Anatomy, Surgery, and Physiology, and we think that in turn an equivalent remission at least should be accorded to all graduates of this and other British Colleges. We would even go further than this in reference to Canadian graduates who have gone to England and passed these Colleges, by admitting them to registration without any examination. Surely the Council should be satisfied with the professional status of Canadian graduates who have received the additional degree of M.R.C.S., or L.R.C.P., in London or Edinburgh, without dragging them through another examination. Besides, we maintain that every encouragement and consideration should be shown to those graduates who have the ambition, the energy, and the determination to qualify themselves so thoroughly for the practice of their profession.

It is certainly most illiberal to force these young men who have a status equal, if not superior, to that of many of their examiners, to pass through the ordeal of another examination, with the attendant loss of time and further drain upon their al-

ready depleted purses. We trust, and feel confident, that this will receive the attention of the Council, and that sooner or later justice will be done, by enactment if necessary, to this most deserving class of men.

NOTES AND COMMENTS.

VACCINATION IN VARIOLA.—Tyndale in the *Medical Record*, strongly recommends vaccination in small-pox previous to the exacerbation of the fever on the third day. He maintains that it will cut short the disease by relieving the general symptoms of small-pox, and causing a well-marked eruption on the spot vaccinated. The progress of the vesicle is very rapid, owing, he supposes, to the increased activity of the capillary circulation. The above idea is not new to the profession; but is one which has not received that attention which it merits.

A writer in the *Medical Record* of March 1st, takes the Medical attendants of the Prince of Wales to task for not issuing more scientific bulletins in reference to the condition of the Royal patient, ignoring as they did the new method of clinical description, Thermometry and Sphymography. He complains that such expressions as "better," "worse," "rallying," "sinking," "relapsing," and finally, "recovering," are unscientific, and do not accurately express the real condition of the patient.

He may be reminded, however, that these bulletins were expressly for the public, and would not have been understood if expressed in other and more scientific terms. We have no doubt also, that these eminent men kept a minute scientific record of the state of the patient, from which these bulletins were made for the benefit of the public. It would not have encumbered them much, however, to have expressed the temperature, respiration, and pulsation, for the benefit and satisfaction of the professional public also.

CONJOINT EXAMINING BOARD.—It is stated that all of the English Universities have accepted the Draft scheme as proposed by the College of Physicians and College of Surgeons, England, for a Conjoint Examining Board. It is quite likely that this scheme will soon be carried into effect.

OVARIOTOMY WITHOUT CLAMP OR LIGATURE.—Dr. J. F. Miner, of the *Buffalo Medical and Surgical Journal*, describes a new method of operating in the removal of ovarian tumors by enucleation, without ligature, clamp, or cautery. The process of enucleation of the tumor at its pedicle in the cases recorded by him, was attended with very little hemorrhage—not any more than occurred in the breaking up of the adhesions elsewhere, and the operation was easily performed, the pedicle being as readily separated as the adhesions to the peritoneum, omentum, and other parts.

TRAUMATIC TETANUS—RECOVERY.—A case of Traumatic Tetanus is reported by Dr. Cushing in the *Pacific Medical and Surgical Journal*, March 7th. The wound was situated in the calf of the leg. Symptoms of Tetanus supervened about two weeks after the receipt of the injury. Calabar bean, $\frac{1}{2}$ grain of the English extract, and 15 grains Chloral Hydrate were administered every two hours. Enemata of brandy and morphine were also ordered. Under this combination of remedies the patient slowly recovered.

THE MEDICAL DEPARTMENT OF TRINITY COLLEGE. — The following gentlemen have successfully passed their examinations in this institution—primary, final, or both:—F. D. Astley, J. Albright, C. R. Allison, W. Boyle, W. Blake, R. A. Callighan, G. Griffith, H. Howitt, W. James, R. Kains, T. Lean, H. Lang, L. More, J. B. Moran, C. W. Marlatt, P. McDonald, W. Millman, A. McKay, H. Ross, G. R. Rutherford, G. Steacy, S. S. Stephenson, J. Tamblyn, S. Wallis and G. Wilkinson.

EXPLANATION.—In consequence of the strike among the printers in this city, we have been unable to issue the Journal as usual on the first of the month, but hope that under the circumstances our readers will excuse the delay in publication.

REGISTRATION OF DEATHS, &c.—A correspondent calls our attention to the fact that the present Act is very imperfectly complied with, especially in country districts. In some instances the medical man is not in attendance at the time of death, and may not be aware of it for some time afterwards. In other

instances the deceased may not have resided in the same district as the physician, and of course he cannot be expected to attend to the registration under these circumstances. We would suggest that the burden of registration be thrown upon the friends of the deceased, by making it compulsory; and forbidding any clergyman to celebrate, or sexton to permit a funeral, without the production of a "burial certificate," to be obtained from the Division registrar. It must come to this if we ever expect to have a more perfect registration of deaths. We maintain that the duty of registering deaths should not be shouldered upon the medical attendant. A great deal of gratuitous work is necessarily imposed upon medical men, as every general practitioner knows—without being compelled to attend to a matter of this kind. No physician will refuse to fill out the certificate as to the cause of death, when it is brought to him, and that is all that should be required of him.

TRINITY COLLEGE.—A special Convocation of this University will be held on the 12th inst. (April), for conferring degrees in medicine.

ONTARIO MEDICAL COUNCIL.—The professional examinations in this College will be held in the Convocation Hall, Toronto University, commencing on the 3rd, and continuing until the 9th inst.

HONORS.—The following gentlemen, members of the medical staff of Trinity College, were elected to the fellowship of the Obstetrical Society, London, on the 7th of February last:—Norman Bethune, B.A., M.D., Edin.; M.R.C.S., Eng., &c., J. Alger. non Temple, M.R.C.S., Eng.; J. E. Kennedy, B.A., M.D. Dr. Agnew, of this city, was also elected a fellow of the above Society.

ELECTIONS.—Dr. Yeomans, of Mount Forest, having been assured of the support of a large number of friends, has consented to become a candidate for the representation of the Saugeen and Brock Division in the Medical Council, at the next election.

Dr. Bray, of Chatham, has withdrawn his name as a candidate for the representation of the Western and St. Clair Division in the Medical Council, owing to claims of professional duties upon his time. He has retired in favor of Dr. Poussetto, of Sarnia, who has been requested by a number of his friends to become a candidate for this Division.

PHARMACEUTICAL.—We have received a sample of pills and granules prepared by William Warner & Co., Philadelphia, and we beg leave to bear our testimony to the careful manner in which they are put up. The pills are beautifully sugar-coated and of moderate size. The granules are a most convenient and pleasant mode of administering such remedies as arsenious acid, strychnine, &c. We can confidently recommed these preparations to the profession.

APPOINTMENTS.—Thomas Henry Thornton, M.D., of the village of Consecon, to be an Associate Coroner for Prince Edward. Dr. Wright, of the village of Waterloo, to be Associate Coroner for the county of Waterloo.

VICTORIA COLLEGE MEDICAL DEPARTMENT EXAMINATION.—The following gentlemen have passed their examination:—Final—J. S. McCallum, (gold medalist); Angus Nichol, (silver medalist); William S. Boyle, (honorable mention); M. Washington, Colin Campbell, J. A. Abbott, H. Brant, — Shepherd, J. S. Ferguson, T. S. Barclay and R. Carter. Primary—William H. Johnson, F. C. Lawrence and William Philip.

ALPENA MINERAL SPRINGS.—The bathing-houses at these Springs will be opened for the accommodation of visitors and invalids on the 1st of May, 1872. This is a favorite resort for those afflicted with chronic ailments of various kinds, and has been very highly spoken of by those who have availed themselves of it.

CORRESPONDENCE.

MEDICAL BILL.

To the Editor of the *Canada Lancet*.

SIR,—The draft of amendments prepared by the committee, published in the March number of the *LANCET*, is certainly anomalous, if not unique. The 7th clause aims at over-riding the Magna Charta and the Bill of Rights, by converting the Registry office into a medical Star Chamber—where the Registrar is to be endowed with absolute power over the moral character and professional status of every member of the College—

while the victim is to be denied the ordinary redress by appeal. The inalienable right to a fair trial before an impartial and disinterested tribunal, is the palladium of British liberty. Should a clause, so inimical to the spirit of modern legislation, pass inadvertently the challenge of the law officers of the Government, it would certainly be disallowed by Her Majesty, or be declared unconstitutional by the judges. There is no reason why criminals procuring registration through fraud, should not be tried by the ordinary courts, and if found guilty imprisoned, besides having their names expunged from the record.

The 4th clause is a literary curiosity—*sui generis*. The inference is irresistible that the framers considered that the only parties who could ever possibly desire a public recantation of errors, exist in "the general school" alone, as no provision whatever is made for a public expurgation of homœopathic and eclectic apostates. The introduction of such a partial clause, was wholly a work of supererogation, as no sane physician could possibly ever desire so strange a metempsychosis, while the cool neglect in not providing for homœopathic recusants, is a manifestation of heartless misanthropy unworthy of a liberal profession.

The essential principles in practice for which Eclectics have contended, having been fully conceded, the Old School and the New will necessarily coalesce, not by legislation, but by natural law. As in countries with a mixed population, the majority in possession of the educational institutions invariably in time, impress their language and usages on the minority, so the overwhelming majority here, in possession of the medical institutions, in the absence of dividing principles, will inevitably absorb the minority.

J. G. FREEL, M.D.

PUERPERAL FEVER.

At a recent meeting of the Medical Section of the Canadian Institute, allusion was made to the prevalence of puerperal fever at the present time, and to the reputed fatality which had accompanied the attack in the neighborhood of Brampton. The treatment which seemed to be most favorably received, as having

been most successful in Toronto, was as follows: tonics (especially quinine and acid), stimulants, plenty of nourishment, opiates, and, where flatulence and tympanitis exist, small doses of turpentine. In some cases reported, as much as six ounces, or more, of brandy per diem had been given with the result of lowering the frequency of the pulse, and increasing its volume. Externally applications of bags of bran steamed were constantly applied hot to the lower part of the abdomen. Warm vaginal injections and frequent sponging of the parts.—*Com.*

BOOKS AND PAMPHLETS RECEIVED.

THE EYE IN HEALTH AND DISEASE. By B. Joy Jeffries, A.M., M.D. Lectures on the Eye, Harvard University. Boston: Alexander Moore. Toronto: Adam, Stevenson & Co. Pp. 119.

This is an admirable little work, and contains a fund of practical information. It treats of the anatomy and physiology of the eye, the various diseases and defects, the uses of the Ophthalmoscope, artificial eyes, and glasses. It also contains type for testing vision.

RESTORATIVE MEDICINE. By Thomas King Chambers, M.D., &c. (Harveian oration), with two sequels. Phila.: H. C. Lea. Toronto: Copp, Clark & Co. Pp. 85.

OBITUARY.

We regret to announce the death of Dr. William Hillier, of Enniskillen, in the month of August, 1871. He was a graduate of Queen's College, Kingston, and a student of Trinity College, Toronto. He practised very successfully in the above locality, and enjoyed a wide spread reputation. By his kindness, skill, and attention, he had won for himself many warm friends among his patients, and was highly respected by his fellow practitioners.

Law Respecting Periodicals, Newspapers, &c.

1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions.
2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up; and subscribers are held responsible for all numbers sent.
3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires.
4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

THE
CANADA LANCET,
MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

MAY, 1872.

No. 9.

Original Communications.

EPIDEMIC OF RÔTHELN.

BY DAVID HEGGIE, M. D., BRAMPTON, ONT.

I am encouraged to make the following condensed observations on an extensive epidemic that has recently occurred in our town and neighborhood, for these reasons.

1. To strengthen the description of Vogel, one of the most accurate of observers.

2. Because the late epidemic was an extensive one, and therefore, afforded an unusual field for observation, and

3. Because, as Vogel remarks, there is "scarcely another disease upon which the views of authors differ so vastly" and so much so "that later writers have denied the existence of the disease entirely."

The prodromata of Rôtheln are in the majority of instances insignificant. The first symptom is the eruption and this makes its appearance, almost invariably, beneath the eye-lids first, afterwards extending rapidly over the whole surface of the body but occasionally confines itself merely to the face, with a few spots perhaps on the wrist. Synchronous with the eruption beneath the eye-lids there is a swelling between the eyes and in

half the cases injection of the conjunctiva. Pyrexia is notably absent and, although, in some cases, there is arterial excitement this appears merely fortuitous and like the sore throat, nausea, urticaria, &c., which we sometimes meet with in cases of Rôtheln, not a symptom of Rotheln, but indicating a condition of the system which would have manifested itself independent of the epidemic, or perhaps a complication arising from the presence of another epidemic, such as influenza. One symptom, however, is nearly constant, viz., giddiness, and is almost the only constitutional symptom in the disease. Children with Rôtheln will engage in their usual amusements, eat heartily, and sleep well, and covered with the lentil rash will complain of nothing but a feeling of staggering. But so constant is this symptom that when children repudiate the idea of feeling unwell the parents can almost invariably remind them of the giddy feeling when cross-examined.

Although the exanthema is said "to differ in no respect from that of morbilli," I think I may safely affirm that the rash is more papulous, larger, more un-uniform, and of a darker colour. It is very irregular in its distribution, causes considerable itching and disappears at the end of the first or at the most the second day of the disease. I have had a case where it returned after an interval of ten weeks, other cases being in the same family at both periods. There are no sequelæ to this disease. Vogel remarks that this disease is "not immediately preceded nor soon followed by any epidemic of measles or scarlatina." This remark must have been founded on evidence merely negative for we have recently been afflicted in this vicinity with an epidemic of scarlet fever of a most malignant type, and following the law of probabilities, after having within a limited space of time been visited by puerperal fever, erysipelas, scarlatina, parotiditis, whooping cough, influenza, &c., we are quite prepared to be told of cases of measles, and, indeed in the surrounding country cases of morbilli are reported. One circumstance, however, is worthy of notice, that not one of the patients with Rôtheln was attacked with scarlatina during the recent epidemic. Most of them had previously had either scarlet fever, or measles, or both, and, although some were supposed to have had *scarlatina sine eruptione* during the late epidemic, this I doubt for the disease was too well marked to be masked. This evidence, like Vogel's, however, is merely negative.

As to the treatment, this, in my cases, has been merely confinement within doors for two or three days—parallel symptoms being treated on their own merits. In one case the rash was arrested from exposure to cold but returned by use of the warm bath, and the symptoms of nausea and headache removed.

DEODORIZERS AND DISINFECTANTS.

BY A. A. ANDREWS, M.D., WINDSOR, ONTARIO.

Your correspondents usually write to furnish some item of information which they suppose to be interesting to their confrères. My object in writing is, not to *give*, but to *acquire* information.

I have been engaged in the study of my profession nearly fifty years, and find my doubts increase *pari passu* with my years, and think I have progressed as much when I discover and discard an error, as when I perceive and learn a truth.—“*A powerful Deodorizer and Disinfectant.*” Upon what well ascertained facts is the propriety of the conjunction of these two terms based?

In the course of my life, I have (I suppose for my sins,) at various periods resided near a large distillery, where swine were fed, near a large tannery, near a soap and candle factory, but I cannot say that in any of these situations I observed the prevalence of any disease which I could associate with the abominable smells to be found in those vicinities, nor that the ordinary diseases of the season were more severe there than elsewhere.

During the seasons of the potato rot, I have ridden for miles between the stricken fields, when the stench was disgusting in the extreme, without suffering in my health; nor could I learn that either farmer or cottager was affected by it, though living day and night for weeks in the midst of it.

An *offensive* smell then does not seem to be necessarily a *bad one*; i.e., a noxious one.

On the other hand, many delightful perfumes, such as the Magnolia, the Catalpa, &c., are well known to be as pestilential as they are fragrant. In the Southern States there is a beautiful creeper, (whose name has escaped me,) which is being rapidly

and zealously exterminated. It was not cultivated for its odour, (for it has none) but for its beauty; and the people have learned from observation that its propinquity to their dwellings was fatal, and the *consensus omnium* has doomed it to extirpation.

I have a seven mile ride to take after sunset; about two miles from home I pass two large pig pens and a soap factory. "Phew," says my nose, "poisonous! pestilential! drive on!" I put my horse to speed, and get out of the stench. I have reached the lake shore, and would fain breathe my horse and gaze on the moonlit water; and my nose gives me no warning of the three mile marsh over which I must ride, but I know that no unacclimated person can dally there without ensuring an attack of ague. Riding by night, in the Southern States, your nose would lure you to linger by the beautiful Magnolia. Be not deceived; it is a traitor. Ride on.

Let us enter on our domain—the hospital and sick-chamber. Yonder case of Scarlatina Maligna, with the dreadful gangrenous sore throat, is both *noisome* and *noxious*. Spite of all the deodorizers, your nose tells you it is offensive; and your experience informs you that you are on dangerous ground—Pass on. Come with me to this young convalescent lady's chamber. Here are no foul smells. She is as clean and sweet as a lady should be; but is she in-noxious? With her dry, peeling, scurfy skin, I consider her the more dangerous companion of the two, though my nose told me nothing.

Happy is the practitioner who has never been called on to attend a bad case of confluent small-pox! During the maturation, can anything surpass the horrible fetor? Then indeed, we exclaim, "Blessed is the man who is liberal with his Deodorizer." It is a priceless blessing, but is it a Disinfectant? Upon what well ascertained facts can we base an affirmative reply?

In small-pox, I have a suspicion, almost amounting to a conviction, that its contagiousness has its utmost intensity during the incubation, and before the appearance of the rash. I know this opinion is widely divergent from that generally held. I can't help that; I can only entertain my own opinion, and reason from facts that I have verified.

From your "Disinfecting" process, eliminate the washing, cleansing, and ventilating, and what proof have we that anything remains? I ask in no carping spirit, but one of honest inquiry.

EXCISION OF UTERINE POLYPI.

BY CLARKSON FREEMAN, M.D., MILTON, ONT.

The subject of the following case of fibrous intra-uterine polypus was Mrs. L. C——, aged 45, married, and has had seven children.

History of illness—About four years since, the catamenia became excessive and frequent. During the last year the flooding was so formidable that fainting fits were frequently produced and for the last six months she was confined to her bed in consequence of her continuous discharge. She was pale and anæmic, and presented as great emaciation as if she were in the last stage of Phthisis. Having been informed that it was only the change of life, she demurred when I suggested that it was absolutely necessary to ascertain carefully the condition of the uterus. An examination revealed the fact that an uterine tumor was the cause of her having been brought almost to death's door by her very severe and frequent attacks of hemorrhage. On examination, the os uteri was found dilatable and the fundus of the tumor was easily detected. By means of a strong polypus forceps, I succeeded in partially extracting the tumor into the vagina, where it was retained by my assistant (Dr. Wm. Freeman), while I introduced my left hand and got my fingers astride its pedicle and then gradually excised it with a large curved, blunt pointed scissors. The polypus was the size and shape of a large orange. The result was very satisfactory, as there was neither hemorrhage during nor subsequent to the operation. She left her bed in ten days and menstruated regularly for nearly two years after the excision of the polypus.

Case 2—Mrs. L.—, aged 42, married, a robust looking woman, but of an exceedingly nervous temperament. Although she has had several miscarriages, she has never given birth to a living child. She has not suffered from hemorrhage except that occasionally her menstrual discharge was somewhat augmented and more prolonged than usual. Recently she had a profuse muco-purulent discharge. On examination, I discovered a flat fibrous polypus suspended by a small pedicle from the inner and inferior cervical portion of uterus. I removed it by excision easily with very little loss of blood. Several hours after the operation

an alarming hemorrhage took place, which was, with difficulty, arrested, by plugging the vagina with cotton batting. The size and shape of the polypus was very peculiar, being nearly nine inches in circumference, and only about an inch and a half from its base to its pedicle.

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.

PROFESSIONAL EXAMINATION, 1872.

DESCRIPTIVE ANATOMY—DR. SULLIVAN.

The brain being sliced to a level with the 'corpus callosum, how would you expose the third ventricle? Name the structures divided, and the boundaries of the ventricle.

Describe the arch of the aorta, its course, divisions, limits, and relations.

Give the exact position of the pancreas, its structure, and the vessels and nerves that supply it.

What ducts convey secretions into the mouth, and at what points do they terminate?

Define the term fascia. Name the varieties, and describe the fascia lata.

The integument being removed, how would you expose the parts passing through the great sacro sciatic notch? Name them in order, and mention generally their destination.

What structures would it be necessary to divide to expose the median nerve from the axilla to its termination in the digital branches?

What class of articulations does the ankle belong to? Describe its ligaments, and name the tendons contiguous to it.

SURGICAL ANATOMY—DR. SULLIVAN.

Describe the mode in which you would expose the several cavities in making a *post mortem*, and state how you would remove the brain entire?

Name the muscles contracted in talipes varus and valgus, and any danger likely to occur in their division.

Give the exact course and relations of the external iliac, and mode of ligating it.

Give the boundaries and contents of the space in front of the elbow.

Describe the Lachrymal duct, and Eustachian tube, and mode of catheterizing them.

MEDICINE—DR. WRIGHT.

Give the symptoms of Epilepsy in its two principal forms—Mitior and Gravior. Prognosis in each form, course, termination, and treatment.

Give the symptoms and signs of acute Pleurisy, distinguishing between symptoms and signs, the several stages, prognosis, course and treatment.

Give the symptoms of Dysentery in its sporadic and Epidemic forms, and definition of the terms. What forms of febrile disturbance are liable to occur in each? What are the assigned causes of the disease? What the complications, prognosis, and full and explicit directions for treatment?

Give the definition of the term Exanthem. Give symptoms of the premonitory stage in each, the phenomena of the second stage, and the average duration of each. Enumerate the most frequent complications.

Give the appearance of Vaccine disease.

Enumerate the causes which may change the shape of the chest, either increasing or decreasing its size, and means by which you may distinguish them.

MEDICAL PATHOLOGY—DR. WRIGHT.

Give the definition, causes, and results of Passive Congestion.

Give the definition, causes, and results, of Active Congestion, or determination of blood.

What is the condition of the blood in Rheumatism, Anæmia, and Plethora?

Give the Pathological Anatomy of Enteric, or Typhoid Fever.

MEDICAL DIAGNOSIS—DR. DEWAR.

Enumerate the Diagnostic points between Pulmonary abscess and the cavity of Tuberculosis.

Describe the symptoms of acute Bright's disease. Name and differentially Diagnose the diseases likely to be confounded with it.

What is Enteritis? Describe its symptoms.

Diagnose Gout.

How would you distinguish between Spinal Meningitis and Myolitis? For what other diseases might the former be mistaken, and how would you recognise it from them?

SURGERY—DR. LIZARS.

Describe the difference between Osteo-Sarcoma and Osteo-Cephaloma.

Describe the varieties of Hemorrhoids.

What is commonly known as White Swelling of the Knee? Describe the Pathological changes that take place in its production.

Describe the difference between Concussion and Compression of the Brain.

Give the different varieties of Erysipelas, the distinguishing characteristics of each form, and their appropriate treatment.

OPERATIVE SURGERY—DR. LIZARS.

Describe the operations for Resection of the Shoulder Joint. State which you prefer, and your reasons for that preference.

Describe the operation of Paracentesis Thoracis, its site and dangers.

Describe the operation for removal of Superior Maxilla.

Describe the various Dislocations of the Hip Joint.

Describe the various methods of treating Fracture of the Patella.

SURGICAL PATHOLOGY—DR. FIELD.

Describe the Phenomena of Inflammation, and the transitions to it from Normal Nutrition.

Give the Degeneration of the Fibrinous, and also of the Corporular portion of Inflammatory Lymph.

Name the five modes by which the healing of open wounds are accomplished; and describe the process of repair of open wounds.

Show the points of resemblance between a Mammary Glandular Tumor, and Scirrhus of the Breast; also their distinguishing characteristics.

Give the distinctions between Innocent and Malignant Tumors, as regards Structure, Growth, Ulceration and Propagation.

MATERIA MEDICA—DR. TUCK.

Explain and illustrate by example the Specific Operations and the Elective Action of Medicine.

Give the Description, Action, Use, and Dose of the following:—Creasote, Santonine, Chloral Hydrate, and Tartar Emetic.

Give the British Pharmacopœal names and differential characters of Calomel, Corrosive Sublimate, and White Precipitate, with their respective Uses, Doses, and Modes of Administration.

For a case of general Dropsy, write a prescription in full, and state the reasons for the introduction of each ingredient used.

MIDWIFERY—DR. BERGIN.

What are the signs of Pregnancy at the second, fourth, and eighth month of Utero Gestation? Is it always possible to pronounce positively at these periods as to the existence of Pregnancy?

Why does the occurrence of rigor in child-bed excite the fears of the Medical Attendant?

How are Puerperal Convulsions to be distinguished from Convulsions that are Hysterical, Epileptic, or Apoplectic?

Name the different varieties of Uterine Hemorrhage.

OPERATIVE MIDWIFERY—DR. BERGIN.

What circumstances and conditions justify and necessitate the use of the forceps, and distinguish the cases calling for the employment of the long forceps from those that require the short?

What precautions should be taken before, during, and after the application of the forceps?

Is there more than one mode of Version? If so, describe such modes, and the reasons that compel the operation?

Why should labor be induced prematurely? And if resolved upon, at what period of Gestation, and how should it be accomplished?

When should the Cæsarian section be preferred to Craniotomy?

When is Craniotomy performed, and name the necessary instruments to perform the operation?

PHYSIOLOGY—DR. ————

Describe Nerve-Tissue, its varieties, and its several Functions.

Describe the Functions of the Pneumogastric and Sympathetic Nerves.

What are the forces which carry on the Circulation of the Blood?

What theories have been proposed to explain the generation of Animal Heat, and what are the objections to them?

What are the Changes in the Blood in the Placenta, and how are they effected?

Describe the Nervous and Muscular forces by which Respiration is effected.

What are the Constitutents of the Blood, and how is it formed, tracing it from the Chyme, inwards?

Describe the Functions of the Skin.

Describe the Functions of the several portions of the Alimentary Canal.

CHEMISTRY—DR. SANGSTER.

Give briefly the two theories as to the nature of Electricity.

Describe the Composition, Preparation, and Properties of the compounds of Nitrogen with Oxygen, specially pointing out the relation between N_2 , O_2 and the Nitrates, and N_2 , O_3 and Nitrites.

Give Composition and Properties of Cyanogen and its Compounds.

Express by symbols the composition of the following Compounds:—Tartaric, Acetic, Nitric and Benzoic Acid, Grape Sugar, and Chloroform.

Describe the Chemical character and composition of the Fats, explaining briefly how they may be decomposed into their proximate constituents. Give general Formula for the so-called Fatty Acids.

Describe the Chemical relations and characteristics of Urea and Uric Acid, and explain how they may be separated from Urine.

Give a brief synopsis of the Chemistry of the Vegetable Alkaloids.

PRACTICAL CHEMISTRY—DR. SANGSTER.

Describe the mode of preparing Pot Iodate, Absolute Alcohol, and Pure HCL.

Give the group tests for bases, mentioning the principal Metals in each Group.

Give the distinguishing reactions by which you would recognise Salts of Copper, Lead, and Mercury.

What special reactions characterize Opium and Morphine, respectively?

What impurities are more or less frequently met with in Commercial Potassium Iodide, Sulphate of Quinine, and Chloroform, and how would you detect their presence?

MEDICAL JURISPRUDENCE—DR. CAMPBELL.

Describe the appearances in Death by Drowning, and note the difference presented by the body entering the water before and after death.

Name several conditions attended with Insensibility, with brief characteristics of each.

State in days the average length of Pregnancy, the shortest period of Gestation compatible with Viability of Infant, and the most protracted with Legitimacy.

Distinguish between Live Birth as understood in Civil, and in Criminal Law.

Give the Signs in the Living and in the Dead of recent Abortion, at the Fourth Month.

Enumerate in their order the Personal Peculiarities most to be depended upon in cases of Disputed Identity.

Define Hallucination, Illusion, and Delusion, and under what circumstances they would warrant a Physician in signing a certificate for committal.

TOXICOLOGY—DR. TEMPLE.

How are Poisons Classified? Give a few examples belonging to each class.

What are the Symptoms of Poisoning by Oxalic Acid? Give Treatment and Tests.

What are the Symptoms of Poisoning by Strychnine, and give Treatment?

What are the Symptoms of Poisoning by Opium, and give Treatment?

Describe the Symptoms and Treatment of Chronic Lead Poisoning?

SANITARY SCIENCE—DR. CARSON.

What is the Annual Average of Death per Thousand in a Healthy Community?

What Diseases are likely to arise from Imperfect Drainage, from Deficient Nourishment, or Over-crowding?

What Cubic Space of Air should be allowed to each bed in a Hospital, and state the Diseases likely to be caused or greatly aggravated by Deficient Space?

Distinguish between Infectious and Contagious Diseases, with examples.

Describe Ozone, its nature, the modes of ascertaining the proportion in the Atmosphere, with the supposed effects of an excess or deficiency of it.

Define the term Endemic, Epidemic, and Enthetic, as applied to Diseases, with examples.

What kind of Impurities will Filtering remove from Water, and what remain unaffected by that process?

BOTANY—DR. CORNELL.

Why is Physiological Botany the most essential department of the Science of Botany, for the Medical Student to understand?

What is the Organized Fabric or Tissue of Plants? And how is Vegetable Growth effected?

Describe the Minute Anatomy of the Leaf, the cause of Death, and Fall.

To what extent is the Plant covered by Epidermis.

What is Phyllotaxis; and how do you use the term?

Describe Inflorescence, both Definite and Indefinite.

Describe minutely, the Food, Nutrition, and Elementary Composition of Plants.

Selected Articles.

THE TREATMENT OF HYPERPYREXIA BY THE WITHDRAWAL OF HEAT.

We recently directed attention to the treatment of hyperpyrexia by the withdrawal of heat, or perhaps we are more correct in saying by the application of cold; and it may be of service to again return to the subject. The great value of the cold bath as a therapeutic agent becomes more evident the more its adoption is extended; and the admirable paper contributed at a recent meeting of the Clinical Society by Dr. Hermann Weber, affords additional evidence of its success in those desperate cases of high temperature in acute rheumatism which now and then present themselves. Those who had opportunities of watching such cases will at once recognize the condition detailed elsewhere of Dr. Weber's patient before he was put into the bath, and will be ready to admit that, prior to the adoption of this form of treatment in such cases, that condition would have been rightly looked upon as a hopeless one. At the same meeting, Dr. Greenhow gave the details of a similar case, in which marked diminution of temperature and general improvement in the patient's condition followed the application of cold. In this as

in most of the recorded cases, the temperature again rose ; and before the treatment could be again applied the man died. Another case of acute rheumatism, in which the temperature rose to the very unusual height of 110 deg. Fahr., occurred last week in one of the London hospitals ; and in this case also the application of cold water was about to be carried out when the patient died.

We mention these cases because they illustrate the chief points of importance to be remembered in practically carrying out this remedial agent ; viz., immediate action on the part of the physician, careful watchfulness over the condition of the patient for some time after the desired reduction of the temperature, and the repetition of the treatment if the temperature again rise. In the first of the three cases which we have noticed the treatment was persistently carried out, with ultimate and perfect success ; in the second, the treatment by cold no less answered its purpose, so far as the urgent symptoms were concerned, but, unfortunately, was not continued when the temperature again rose ; and in the last, the urgent symptoms were recognized too late, or developed themselves so rapidly that the patient died before the proper means for the reduction of the hyperpyrexia could be carried into effect. That a great and most dangerous rise of temperature will occasionally occur in cases of acute rheumatism within a period of even an hour, we can from personal experience testify ; and Dr. A. P. Stewart described, several years ago, the details of a case which occurred in the Middlesex Hospital, and in which the patient, apparently well advanced in convalescence, and entirely free from joint-affection, showed a sudden elevation of temperature as high as 111 deg. Fahr., which was followed by death in less than two hours. But so rapidly fatal an issue has very rarely been met with, and its occasional occurrence does not materially alter our estimate of the very great practical value of the cold treatment in hyperpyrexia in acute rheumatism.

In previously directing attention to the subject of the treatment of pyrexia and hyperpyrexia by the external application of cold, we pointed out its wide applicability to the treatment of disease, and remarked on the gratifying results which had been obtained in a very large number of cases of typhoid fever and other affections by Liebermeister and others. We then advo-

cated an extended trial in our hospitals of this plan of treatment and we are glad to notice indications of its being widely adopted by hospital physicians, but scarcely earnestness commensurate with the advantages which we have every reason to believe, from the reported results of its application in Germany, follow its employment. In private practice it is as yet, we fear, not generally understood, and rarely practised.

If the experience of Dr. Wilson Fox, Dr. Weber, and others, be read intelligently, we can hardly fail to recognize the powerful means at our disposal for treating at least hyperpyrexia in acute rheumatism; and it cannot be questioned that we are bound by the evidence before us to adopt the practice thus recommended in hospital and private practice. The propriety of doing so is in many instances a question of life and death; and no fear, trouble, or obstructiveness of friends, should prevent our energetically carrying it out. We are equally bound to follow a similar course in hyperpyrexia in other diseases. No doubt there are many difficulties in the way of an extensive application of this method of treatment; they will be found most pressing in private practice, but they can be removed. When its practical application has been simplified, as it no doubt shortly will be, the use of cold as a therapeutic remedy will, we believe, occupy a most important position in medical, as it already does in surgical practice.—*British Medical Journal*.

BILLROTH ON OVARIOTOMY.—This eminent surgeon, in his "Reminiscence," published in the *Wiener Med. Wochenschrift*, says of ovariotomy:

First of all, surgeons must dismiss from their minds that ovariotomy is a dangerous operation; and, through the medium of well-informed practitioners, this conviction must make its way with the public. After ovariotomy, skillfully performed according to the rules of art, recovery is the general rule, and a fatal issue the constantly diminishing exception. Comparing it with some other operations, ovariotomy, taking the mass of cases, is shown by statistics to be less dangerous than amputation of the thigh, disarticulation of the shoulder and hip-joints, or excision of the hip or knee. Its danger is about the same as that of amputation of the arm, excision of the shoulder, partial excision

of the jaw, lithotomy in the young, and similar operations. We must, however, perform ovariectomy strictly according to the rules laid down by the English operators in their classical works; and only after having attained the same results should we venture to practically put into force our own ideas, in order to improve upon them. I had the good fortune to see Spencer Wells operate upon two complicated cases, and from them, as well as from oral communication with this remarkable man, I learned much. I constantly follow his precepts, knowing that he has long since thoroughly thought out and tested all that can happen to myself. I shall willingly regard myself during my lifetime as his scholar; and contented shall I be if it falls to my lot, by means of this operation, to snatch from certain death one half of the number of lives he has been enabled to save.

Up to the present time I am tolerably contented with my results. I give here a short account of them, in order to encourage the performance of these operations, and especially to inform the colleagues into whose hands these lines may fall that I have, personally, no reasons for supposing that the results attendant upon ovariectomy will be less cheering in Vienna than they are in London. Hitherto I have performed it nine times, and of these patients only two have died, giving, therefore, only a mortality of 22.2 per cent. The first four cases recovered one after another; then two fatal cases occurred, to be followed again by three recoveries. The first case is related in my Zurich "*Chirurgische Klinik*," and the second, third and fourth cases in the "*Chirurgische Klinik*," published at Vienna in 1868.—*New York Medical Journal*. Feb. 1872.

FATAL SALIVATION FROM BICHLORIDE OF MERCURY.—In a case which is fully reported in the *Lancet* for September 16th, Dr. Meeres applied with a small camel's hair brush a strong alcoholic solution of corrosive sublimate—eighty grains to the ounce—to the head of a child affected with tinea tonsurans. The application gave rise to no pain at the time, but during the ride home, in an open dog-cart, the child suffered severely. Shortly afterwards vomiting and purging came on. Salivation, accompanied by much swelling of the parotid and submaxillary glands,

was first observed on the evening of the day after the application, and continued until death took place, apparently from prostration, on the morning of the fifth day.

The verdict of the coroner's jury was "that death was caused by poison from the application of a very strong preparation of bichloride of mercury made to the head and neck by Dr. Meeres," and that "Dr. Meeres is very greatly to blame for having made the application."

The lotion applied was from a formula of Dr. Tilbury Fox, and has been used by him in a precisely similar manner in the same disease in very many instances, and the case is the first in which any untoward symptoms have been produced by it.—*Medical Times.*

TRACHEOTOMY.

MR. JOHN WOOD, in a lecture delivered at King's College Hospital, and published in the *Lancet* of March 9th, describes the operation of laryngotomy as much more simple, less dangerous, and more quickly and readily performed, in case of impending suffocation, than any other upon the windpipe; and it is one which may be performed by almost any bystander with ready nerve, decision, and a tolerably sharp penknife. He prefers the crico-thyroid space, immediately below the projection of the thyroid cartilage called the "pomum Adami;" instead of the vertical incision an inch long, directed by the text books, Mr. Wood makes a single transverse cut across the lower part of the hollow depression felt by the finger just above the cricoid ring, through the skin and membrane at once right into the windpipe, and extended sufficiently laterally to introduce the tube.

The advantages which he claims for the transverse over the vertical incision are:—1st. That the throwing back of the head (as is usual in patients under a sense of suffocation) tends to close the latter, and thus interfere with inspiration, whilst, on the other hand, the same movement tends rather to open more freely a transverse incision. 2nd. The wound will remain open without a tube in many cases.

The tube, if used, should be broader in the transverse than in

the vertical diameter, and shorter in the length between the shield and the curve than the one adapted for tracheotomy.

If the transverse incision is found to be too limited, it may be extended by a median vertical one downwards through the cricoid, or upwards through the thyroid, or both, as the exigency of the case may require.

The operations of tracheotomy are performed respectively above and below the isthmus of the thyroid body, the former being the preferable, as it involves the fewest dangers during and after the operation; trachea is more superficial, consequently more easily reached, and the nearer you get to the larynx, the steadier laterally does the trachea become and the easier to fix and penetrate.

A vertical incision about two inches in length in the median line of the neck is made, the sterno-hyoid and thyroid muscles exposed, and the areolar interval indicating the meeting of the latter cut through, and the muscle held aside; the fascia investing the thyroid gland and connecting it with the trachea is now seized and cut through horizontally; the end of the knife handle is then placed under the isthmus, and made to push it downwards, and at the same time to separate it sufficiently from the trachea, so as to permit of the division of the three upper rings. The fascia covering the fibro cartilage, or upper cartilaginous spaces, is seized as low down as possible, and a little on one side of the median line, with the hooked forceps, the teeth of which projecting well downwards will bite easily into its substance. The scalpel is then passed down, guided by the interval between the blades of the forceps and the wind-pipe punctured vertically, and the incision extended upwards as far as the cricoid cartilage, or even through it if sufficient room has not been obtained by the pushing down the thyroid isthmus.

At this stage the inexperienced operator is apt to lose his self-possession, and let go the trachea, but for the satisfactory conclusion of the operation the hold should be firmly retained until the outer part or spring sheath of the tube is introduced; the inner tube should not be introduced until some of the spasm consequent upon the operation have passed away.

In the lower operation, the primary incision should extend downwards nearly to the top of the sternum in a short neck whether infantile or adult.

The inferior thyroid veins should be torn rather than cut, and the inner tube introduced immediately, the pressure it exerts having the effect of arresting the hæmorrhage. Other dangers attend this operation, such as the contiguity of the left innominate vein and artery, the greater depth of the trachea, and its more mobile nature at the point to be operated on. In young children the size and high position of the thymus, and the small size and yielding nature of the walls of the trachea itself. In persons beyond the middle age, there is usually ossification of the tube, or other morbid change near the thyroid gland; in such cases it is advisable to be provided beforehand with a pair of strong cutting scissors or forceps.

Mr. Wood enumerates also several dangers which are secondary upon the lower operation, viz.,—infiltration of air into the anterior mediastinum and general sub-pleural tissue, or of blood or pus into these tissues; a progressive ulceration, arising from the constant friction of the tracheotomy tube in breathing, extending downwards from the shaft, or forwards from point of tube against the anterior wall of the trachea.

Another danger is the separation of the shaft of the trachea tube from the shield at the joint which unites them, permitting the shaft to slip entirely into the trachea. He quotes several cases of this kind, which have already been referred to in a late number of the *Doctor*. He thinks this accident is owing, in a great measure, to the shaft of the tube for the lower operation being much too short, and recommends that it should be an inch and a half in length from the shield to the culm of the curve, instead of barely half or three quarters of an inch, as is the case with the tubes at present in use.—(*The Doctor*.)

INCREASE OF HEART DISEASE.—An evil recognized is sometimes half cured; and the intellectual classes, looking at figures such as those which Dr. Quain has displayed in his interesting Lumleian Lectures at the College of Physicians on “Diseases of the Walls of the Heart,” may well consider the propriety of attending to the hygiene of their lives, as well as of their houses; and remember that, to enjoy and benefit by even pure air, soil, and water, they must avoid disabling heart and brain by the incessant labors which too often make useful lives joyless, and em-

bitter the harvesting of the crop which has been too diligently sown. These warning figures tell that, during the last twenty years, the total of deaths of males at all ages from heart disease, has increased in number from 5,746 in 1851 12,428 in 1870. The percentage of deaths from heart disease for 1,000 of population living was 755 between the years 1851 and 1856; it has risen to 1,085 from 1866 to 1870. This increase, it must be observed too, has taken place wholly in connection with the working years of actual social life. There is no change in the percentage of deaths from this cause in males under 25 years of age. Between 20 and 45 years of age it has risen from 553 to 709, and that almost exclusively in males, for there is almost no increase in the percentage of females dying from heart disease during the twenty-five years of life from 21 to 45. These figures convey their own lesson, and warn us to take a little more care not to kill ourselves for the sake of living.—*British Medical Journal*.

INSTRUMENT FOR THROWING SPRAY INTO THE MIDDLE EAR.

BY CHARLES E. HACKLEY, M.D.,

Surgeon to the New-York Eye and Ear Infirmary, &c., &c.

Since the discovery of the possibility of making applications to the middle ear through the Eustachian catheter, many aurists have resorted to this method of medication, and many different appliances have been devised for its accomplishment.

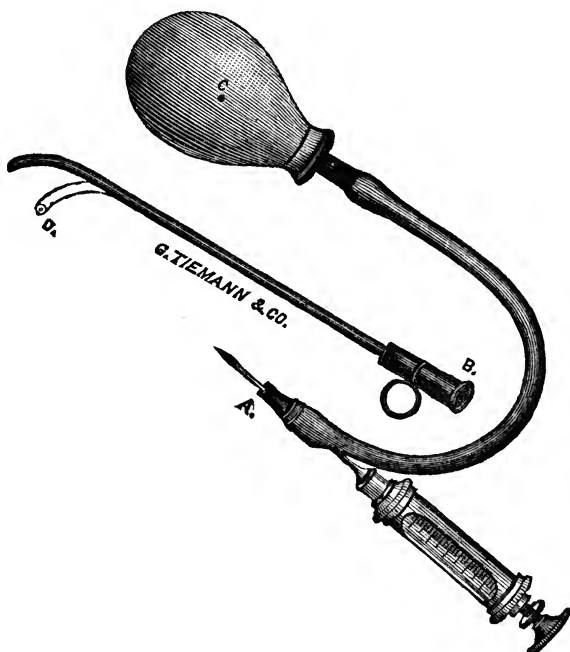
About six years ago I had a nebulizing apparatus made on the plan of Richardson's, but with a long nozzle in the shape of an Eustachian catheter, the bottle holding the liquid to be nebulized being very small. It was hoped that the spray produced would be forced into the middle ear; but I was never able to convince myself that this really occurred.

On the other hand, it was a matter of daily observation that the sudden impulse given by Politzer's method of inflating the ear, forced air through the Eustachian tube, and when the membrana tympani was ruptured, even through the external meatus.

Here was a hint on which Mr. Bishop, of London, acted, and

devised his nebulizer for the Eustachian tube, which is figured in the translation of "Troltsch on the Ear." The translator remarks, "It is a very awkward instrument;" and adds, "I prefer one made similarly to Richardson's local anæsthesia apparatus.

An objection which might be made against Mr. Bishop's apparatus, in this country at least, is its cost.



For the past year I have been using his principle, differently applied. As the same principle may be used for throwing nebulized fluids into the posterior nares, larynx, &c., when only a momentary application may be interesting to those economically inclined. My apparatus consists of an air-bag, an Eustachian catheter, with a hard-rubber nozzle to fit in its mouth, a piece of rubber tubing, and a hypodermic syringe—all of which articles are in the possession of most surgeons paying any attention to ear diseases.

The nozzle of the air-bag is inserted into one end of the rubber tube, the tip to fit in the catheter being placed in the

other end. The hypodermic syringe is filled with the liquid to be employed, then its point passed through the tube and out through the calibre of the hard-rubber tip for the catheter, as shown in the cut.

The mouth of the Eustachian catheter B being fitted over the hard-rubber tip A, and held there, if sudden pressure is made on the air-bag, while the piston of the syringe is forced home, the liquid will be thrown through the catheter in the form of spray.

In using this apparatus for the treatment of ear diseases, the catheter should be carefully introduced through the nose, and placed in position. Then, while the diagnostic tube is placed in the ear, the hard-rubber tip should be inserted in the catheter, and *air alone* forced through to determine whether the catheter be properly in position. If found to be so, the piston may be pressed on at the same time that air is forced through. During this experiment the catheter may be held in position by clamps for that purpose, or may be held by the fore and middle fingers of the left hand, while the thumb of the same hand presses on the piston, the other hand being used to work the air-bag.

It is well to have a small round opening made in the air-bag, as at C; while the air is being forced out this may be closed by the finger, which then being removed, the bag refills more readily than it would otherwise.

In passing, it may not be amiss to note a hint taken from Dr. Robert Watts, viz., the use of the ordinary air-bag instead of the double bulb for the nebulizer, when we do not desire a long-continued current. The fineness of the spray being in proportion to the pressure, other things being equal we may in this way obtain a much finer spray than by the ordinary double bulb apparatus.

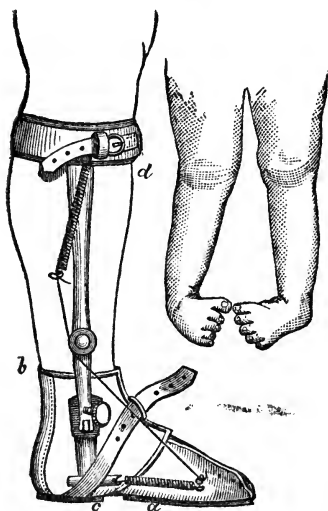
In making applications to the posterior nares or larynx, &c., a catheter having the nozzle more curved, as at D, may be employed. This extra curve may readily be given by holding the instrument in hot water, and then bending it.

The bulb and tube of Davidson's syringe may replace the ordinary air-bag and the rubber tube. A very fair spray for a momentary application may be obtained by inserting the nozzle of the hypodermic syringe through the tube of Davidson's

syringe, into the calibre of the nozzle, and compressing the bulb while driving home the piston. Davidson's syringe employed for this purpose should have a *large bulb*.—*Medical Record*.

IMPROVED CLUBFOOT APPARATUS FOR TALIPES · VARUS.

The following is a description of a very neat, effective, and comparatively cheap apparatus for talipes, devised by Messrs. George Tremain & Co., Instrument Makers, New York.



The sole of this strong leather shoe is of metal, with a joint near the heel, allowing lateral motion. A strong and durable spiral spring, as shown in the cut (a), draws the foot outward by a constant, elastic, and easy traction. This pressure is increased or decreased at will, by fastening the spring in a series of sockets (c.) The single outside upright steel bar with joints at the ankle, is fastened round the limb below the knee-joint, and so constructed that the screw at the ankle-joint forces the foot flat upon the floor, which foot

in almost all cases is turned under as indicated by the sketch. The spiral spring (d), being attached to a catgut cord (passing round a pulley at the centre of the bar and fastened near the toes upon the outside of the foot), elevates the toes and stretches the tendo Achillis, at the same time drawing the foot to its natural position.

The shoe is well padded, and as there is no metal in the heel-cap, no excoriation is occasioned. The contraction of the leather above the heel prevents the shoe from slipping off, (always so difficult to retain in fleshy infants). The straps round the instep depress any undue prominence of the arch of the foot, and within the shoe a broad and well padded tongue keeps the toes flat upon the sole of the shoe. This apparatus resembles much the

regular shoe, and shows no deformed appearance. A very simple and light shoe to keep the foot in the same position gained by the above shoe during the day-time, is of much service. For talipes valgus the same principle, but with reversed action, is applied. In ordering the above shoe, the Surgeon should mention the form of talipes, the foot affected, when only one, and also give the following measurements. 1. Length of sole of foot. 2. Circumference of calf, (*d*). 3. Circumference of instep, (*c*). 4. Circumference of ball of foot, (*a*). Circumference above ankle, (*b*). 6. Length from sole to upper part of calf, (*d*).—*Ibid*.

HYDRATE OF BROMAL.

THERE is a valuable article by Dr. E. Steinauer, of Berlin, in the last volume of "Virchow's Archiv," on the action of the hydrate of bromal on animals and on man. The experiments were made in the Berlin Pathological Institute, and were under the immediate observation of Libreich himself. The hydrate of bromal, according to the observations detailed, when administered, is converted by the alkalies of the blood into bromoform. But this change goes on slowly, for at the end of an hour and a half there was found in the blood, in addition to bromoform, still some undecomposed bromal. The symptoms produced by bromal on animals (frogs, rabbits, guinea-pigs) were first a stage of restlessness, followed by imperfect sleep and anæsthesia, and finally dyspnœa and death, with or without convulsions. After large doses both in frogs and rabbits, the heart was found after death relaxed and distended—whereas, after smaller doses, it was contracted. In the former case there is probably direct paralysis of the heart by the bromoform, such as occurs after large doses of chloroform. The preliminary stage of restlessness, which has no equivalent after administration of chloral, is ascribed to the action of the bromal aldehyde itself, the decomposition occurring, as stated above, more slowly than is the case with chloral. The author observed a stage of restlessness, after a hypnotic dose of chloral, in a patient suffering under gout, and he ascribed this to the acid state of the blood preventing the usual decomposition into chloroform. With this view he administered alkalies to the patient, and after a few days

the same dose of chloral produced the usual hypnotic effect. Proceeding from this he applied the same principle in his experiments with bromal. Having injected carbonate of soda subcutaneously in rabbits, he then injected the hydrate of bromal, and found that the stage of restlessness was entirely absent. The author has administered bromal to man in only a few cases. He has found good effects from it in epilepsy and in soothing the pains of *tabes dorsalis*. The method of administration which he has ultimately employed is, first, in the morning and at mid-day, in the evening, two to four pills, containing each from $\frac{1}{2}$ to $1\frac{1}{2}$ grains of bromal.—*Druggists' Medical Press and Circular*.

TREATMENT OF RETENTION OF URINE IN IMPERMEABLE STRICTURE OF THE URETHRA.—Dr. P. A. O'Connell, late Medical Director of the "Ninth Army Corps, U. S. Army" (*Lancet*, March 1, 1872), describes an expedient which he had recourse to after failing to pass a catheter, and which he has since found useful in other cases. "Having upon my office table an india-rubber hand-syringe consisting simply of a rubber pouch or ball, with a hard rubber stem to it, that I generally used as a part of Politzer's apparatus for inflating the middle ear, it occurred to me that it might be made use of as an exhaustor,—a suction-instrument,—and that by this means, perhaps, the stream of water could be started. Acting upon this idea, I took a catheter of medium size, made a perforation in its extreme end, and passed it *down* to the stricture. Then, squeezing the rubber pouch so as to drive out the air, I connected it by means of a short piece of india rubber tubing with the catheter already in the urethra, and allowing it to expand gently,—instructing the patient at the same time to make a gentle effort, *and only a gentle effort*, to pass his water,—I had the satisfaction of learning that the experiment had become a success, and that the man was relieved.

THE SYPHILIS-CORPUSCLES OF LOSTORFER.—We are informed that the committee of accomplished microscopists appointed from the Boston Society for Medical Observation to investigate the subject of syphilis-corpuses in the blood have reported, as the unanimous result of their individual and independent researches, that their conclusions are negative; that the bodies described by Losterfer as peculiar to

syphilitic blood were found in the blood of syphilitic patients and of healthy persons as well ; and that the so-called corpuscles appear to have their origin in certain physical or chemical changes to which the blood globules are subjected in the course of prolonged microscopic examination.—*Boston Med. and Surgical Journal*.

Iron a cause of Bronchocele.—For several years past Dr. Seitz has been convinced that chalybeates, so far from curing, increase goitre, and in the *Med. Central Zeit.* he expresses his opinion that the disease may be caused by iron whenever there is any predisposition to it or it has been known in the family. He relates cases in which, under the preparations of iron given to patients, the thyroid gland increased in size ; but was diminished by iodide of potassium. “Similar results,” says Seitz, “are to be seen in the glandular enlargements of scrofulous children.” He conjectures that minute quantities of iron will be found in the water where goitre is epidemic, and that even iron pumps may be a source of the disease.

CASTOR OIL IN PREGNANCY AND CHILD-BED.—Perhaps no medicine is so generally resorted to as an aperient in pregnancy and in child-bed as Castor Oil. And yet it seems to us that it is one of the most unfit agents that can be selected. Repeatedly have we known labor prematurely induced by a dose of “Oil.” We are inclined to think that it would have this effect in a majority of cases if exhibited within a month of full term ; or at least that it would bring on pains similar to those of labor, and liable to be mistaken for labor. In fact, the ordinary griping of a dose of oil comes nearer to the pains of labor than the action of most other purgatives. After delivery it is habitually employed to restore the arrested peristaltic action. Here also the result is the restoration of after-pains. So deeply has our experience impressed us with this fact that we never prescribe it in child-bed unless where the patient prefers it to anything else. Nurses are entirely too officious in administering cathartics a day or two after confinement. They do this very generally without the consent or knowledge of the accoucheur. There is no need of so much haste. An enema may answer the purpose ; or laxative food ; and where they fail, a small dose of citrate of magnesia, or

confection of senna, or anything that will barely establish the normal movement.

Another charge against castor oil is that it irritates the rectum and tends to produce hemorrhoids. Its irritating action on the mucous surface of the lower intestines is acknowledged by authors. This is the probable cause of its tendency to excite uterine pains. And this is the reason also why its operation is followed by constipation—which, by the way, constitutes another formidable objection to its use in the puerperal state.—*Pacific Med. and Surg. Journal.*

ANÆSTHESIA WITH CONSCIOUSNESS.—The *Lancet* says that “Dr. Richardson, the indefatigable laborer who, by the way, must have discovered a score or two of anæsthetics, aims at the discovery of an anæsthetic which shall destroy sensation for a very short time, and yet leave consciousness, will, and organic muscular power unaffected. This will indeed be a great discovery. It will give a curious direction to our attempts to differentiate mental qualities and the parts of the nervous centres in which they reside. Dr. Richardson’s experiments, especially those with methylic ether, give proof that it is possible to remove pain without abolishing consciousness.”

A NOBLE REPLY.—It is related of Professor Agassiz that an intimate friend once expressed his wonder that a man of such abilities as he possessed should remain contented with so moderate an income. He replied: “I have enough. I have not time to make money. Life is not sufficiently long to enable a man to get rich and do his duty to his fellow men at the same time.”

CHLORAL in cod-liver oil is said to render it much less nauseous, and prevents the night-sweats of the phthisical patient, induces sleep, and creates appetite. The pure chloral-hydrate crystals may be added to cod-liver oil in the proportion of 10 grains of the former to 190 of the latter.

PERIODICAL HEADACHES.—Dr. Bradnock reports a method of treating periodical headache, which he claims to be original as well as effectual in curing the disease. He enumerates several of the symptoms, and claims that these all point to either active or passive congestion of the brain or its membranes.

The treatment divides itself into two parts—first, what is proper

to be done during the attack ; second, what is proper in the interval. He claims that there is always constipation of the bowels, consequently, if he begins treatment during the interval, he gives one or two of the following pills :

R.—Mass hyd.

Ext. coloc. com.

Pulv. aloes soc. aa xi.

Pulv. ipecac, gr. vi.

M.—Ft. Pil., No. xij.

To be followed by one (1) drachm of sulphate of magnesia. Then he begins with three drops of liquor potassa arsenitis, to be taken in a drachm of water after each meal.

If the patient is delicate and complains of coldness of the extremities during the attacks, and frequent chilliness during the interval, he substitutes the following ;

R—Liq. arsenicalis hydrochloric, 3 ss.

Quiniæ disulphat, gr. xij.

Lig. ferri perchloride, 3 ij.

Aquæ, 3 vi.—M.

Sig.—One tablespoonful in a wine.glassful of water, twice a day, after meals.

Whichever one of these is given, it is to be interrupted once in three weeks, and the first prescription given.

When the attack begins he places the patient in a chair, with the head elevated, the feet in a hot mustard bath, the hands in warm water and a bag of ice on the head, if it can be borne, and gives the following prescription :

R—Potasii bromid, 3 vi.

Ammon, bromid, 3 ij.

Potasii iodide, gr. vi.

Infus, columbo, f 3 iij.—M.

Sig.—One teaspoonful in an ounce of water.

This treatment persevered in three or six months, he claims, will cure nearly every case.—*Buffalo Med. and Surg. Journal*, Feb. 1872.

ON A NEW METHOD OF ARTIFICIAL RESPIRATION WITHOUT TRACHEOTOMY.—Horvath, of Vienna (*Centralbl. Med. Wiss.*, No. 50, 1871), says that in all physiological experiments for the production and continuance of artificial respiration, until now,

tracheotomy and the introduction of a T-shaped canula, etc. have been taken for granted. We thus see how closely artificial respiration has been connected with tracheotomy, and how little other methods for the continuance of artificial respiration without tracheotomy have been employed, although they have been long known and recognized as among the means of restoring animation. In the author's experiments with chilled animals he investigated, among other means, artificial respiration for the purpose of sustaining life, and also employed tracheotomy. In order, however, to obtain the isolated effects of cold upon the animals without any possible commingling of results, he sought a new method, and attempted to effect respiration by means of a catheter introduced into the trachea. After repeated experiments, the author hit upon a new method of producing artificial respiration without tracheotomy or any injury to the animals, and by this simple method to retain the animal alive. In one case in the country, in the absence of any of the necessary apparatus, he insufflated air simply by means of an air-bladder with a flexible tube inserted into the nasal passages. After each insufflation and consequent rising and sinking of the belly it appeared that the lungs distended themselves, and that artificial respiration could be thus effected. It was subsequently tried with success upon other animals.

The method is very simple, and is as follows: A short india-rubber tube, as thick as the finger, is connected by one end with the air-bladder and by the other is fixed upon the nasal openings so that the extremity of the tube as nearly as possible covers the nasal openings, and then the air is insufflated. The mouth at the same time is more or less open. The surplus air which does not reach the lungs escapes by the mouth, which thus provides against any possible rupture of the lungs.

The author further took a medium-sized rabbit, so fully curarized that it was entirely motionless, showed no reflex corneal sensibility, and the most powerful current through the ischiatic nerve produced no muscular contractions. Thereupon this plan of artificial respiration was employed, and it succeeded in retaining the animal in life with energetic cardiac contractions for fifty-four minutes. The same favorable results were obtained in a strongly-curarized dog for the space of one and one-third hours, and in a guinea-pig for twenty minutes.

All the animals were kept alive as long as the artificial respiration was employed, which was interrupted after from twenty to forty-five minutes because that time appeared sufficient to demonstrate the feasibility of the new experiment. Finally, as a proof of the deep curarization of the animals, they all died without convulsions.

In the absence of tubes of proper shape and size, the author used on one occasion a glass funnel, whose broad opening was then affixed to the nasal openings with the same effect upon the respiration.

It was observed in one case in a dead guinea-pig, that the cavity of the chest did not expand with strong insufflations, in proportion to the latter, and the *alæ nasi*, instead of distending as usual, collapsed. It appears, therefore, that neither the one change nor the other is needful in the process to make it universally feasible. As many cases are now known in which the induction of artificial respiration is the only remedy, and yet in the want of a physician or of suitable apparatus it cannot be resorted to, it is to be wished that this method will be used in human subjects.

The occurrences of a recent period, where, from the want of artificial respiration, persons have died in the presence of accomplished surgeons, or where the patients have paid with their lives for the momentary hesitation of the surgeon as to whether tracheotomy should be performed or not, or where the operation has been commenced on the living patient and has ended on the cadaver,—all these prove clearly the necessity for a good method of artificial respiration, and have induced the author to announce the results of his method.—*Medical Times*.

NEW PLAN OF DRESSING WOUNDS.—The Paris correspondent of the *Lancet* observes that the surgical novelty of the day in Paris is M. Alphonse Guérin's new plan of dressing wounds. It consists in introducing a quantity of cotton wool into the stump immediately after amputation, or on any wound whatever, surgical or accidental. The amputated limb—to take this case—is then wrapped round and round with cotton wool, quite dry and alone; a bandage is then applied, and that is all. The bandage

is pressed a little tighter on the following day, if necessary, so that there may be a mild compression, but the dressing remains undisturbed till the twentieth or twenty-fifth day, when on removing the packet of wadding a glassful of pus is found in the folds of the cotton, and the wound is discovered quite healed. M. Guérin, amid the extraordinary mortality which has attended all the amputations done since the beginning of the German siege has already obtained by this means six successful cases of amputation of the thigh out of nine, whilst all his amputations of the leg are doing well. This has created quite a sensation in Paris in the surgical wards of the hospitals, and Professor Gosselin, of La Charite, and M. Guyon, of Necker, are already experimenting with this method of their colleague of St. Louis.—(*Lancet and Observer*.

CLEFT PALATE.

In this case, admitted into King's College Hospital, there was a fissure of the whole of the soft and two-thirds of the hard palate of the young person. Sir. W. Ferguson performed the operation upon the soft palate in the manner which he himself first proposed, dividing the muscles of the soft palate previous to paring the edges of the cleft. Chloroform was administered, and a new form of gag used, which consisted of two grooved plates to fit the teeth of the upper and lower jaws, connected by a horse-shoe-shaped spring; this being placed on the teeth of one side of the mouth, was out of the way of the operator during his manipulations. Four sutures were employed to bring the edges of the soft palate accurately into opposition. The sutures were passed in the ordinary way; but an excellent plan is adopted by Sir. W. Ferguson, who to facilitate the adjustment of the sutures, used them of two different colors, passing sutures of the same color on the same side of the cleft, so that one color indicates those to be withdrawn and the other those to be retained. In his remarks after the operation, he referred to the use of choloform in these operations, and said that the danger of giving much was owing to the loss of sensitiveness of the upper part of the larynx, and the consequent trickling of blood down the trachea and bronchi without corresponding reflex attempts to prevent it. The fact that even after the administration of

chloroform some irritation was produced in the larynx and about the palate by the blood, was the cause of the restlessness shown by the patient, but this diminished during the later stage of the operation, when the parts became more tolerant of the cause of excitement in them.—*Medical Times and Gazette.*

NEW TREATMENT OF PILES.

At the last meeting of the British Medical Association, Dr. Daniel Maclean, of Glasgow read a paper of great interest, published in the Association's *Journal*. After speaking of the pathology of hæmorrhoids, he says :

“ Seeing, then, that all kinds of piles have necessarily a sac or cell with fluid contents, and that, so long as this sacculated condition continues, you have an abnormal condition of parts, with its accompanying suffering ; and so long as the vessel or vessels are unable to perform their functions properly, from the continued injection of blood against the already over strained walls, the obvious mode of treatment is to support the weakened walls, and then empty the sac, as you would do in a case of hernial tumor, by a process analagous to the reduction by the taxis. This is a method of treatment not mentioned by authors, but which in my practice I have found eminently beneficial.

“ Hæmorrhoids after parturition generally come on in patients who are of a soft, loose habit of body, or who are, at all events, flabby and relaxed in the perineal region. In treating them, I first get a free evacuation of the bowels by some aperient medicine ; and when the effects of the medicine have passed off, I order the parts to be well fomented for a few hours, to relieve as much as possible the irritation and spasm of the parts. I then proceed to apply the taxis to the tumor. Taking a piece of soft, well oiled cloth, and grasping one of the tumors—if there be more than one—with two fingers and the thumb, thereby encircling the enlargement, and curving the fingers so that they cover the fundus of the pile, I proceed to press the tumor toward the mouth of the sac with a kneading motion, continuing for a little time until I find the swelling become gradually smaller under the manipulation, and there only remained the thickened

integument and whatever effusion of serum may have taken place into the cellular tissue.

"In the beginning of the application of this process the pain is sometimes considerable; but as the tumor becomes emptied the pain decreases, and when it is fully reduced a great sensation of relief is experienced. The reduction of the first hæmorrhoid being complete, the same procedure is applied to the others in rotation; and, the whole being reduced, astringent lotions or ointments are applied to the part, and the operation is complete.

"We are now at liberty to proceed with the removal of the primary cause, if any exist, and there is usually some such cause in cases other than post-parturient. In these last, their acute origin is much more recent, and therefore much more easily reduced; but whatever the cause the method of treatment is still the same, and will be found of value.

"Looking to the pathology of hæmorrhoidal tumors, containing as they do a single sac, or a plurality of sacs, with fluid contents, the first principle of treatment is to empty the cavity of its fluid, remove all tension and irritation, and enable the tissues to resume their normal condition.

"In external and intero-external piles, there are—if not sufficiently early—besides the fluid contents, what I here called the results of the hæmorrhoidal condition, viz., the coagulated or semi-coagulated blood, the infiltrated cellular tissue, and the thickened integument. Having emptied the sac by the process mentioned, I continue the taxis to what remains of the tumor, either at that sitting or the one subsequent, and generally get quit of the static materials. What remains is removed by natural agency. It might be objected that the forcible propulsion of coagulated blood into the current of the circulation would give origin to the formation of an embolism in some distant part, and by that means act as a source of danger to the patient; but whatever force this objection may have theoretically it does not hold good in practice, as it might be expected to have shown its evil consequences in the course of two or three years during which time I have employed the plan. The same, or an analogous condition of parts, is seen in the veins surrounding a varicose ulcer. You have little knobs at different parts in the course of these vessels, which, from their solidity, size and shape, can

only be coagulated blood obstructing the venous return, and and keeping up the congestion surrounding the ulcer. By applying the kneading process, and causing the patient occasionally to do the same, you gradually reduce the amount of hardness in the part, and ultimately remove the occluded state of the vessel, but in no case does the patient suffer afterward from embolia.

"In internal piles the application of the taxis is conducted in the same manner, but here it is necessary to cause the extrusion of the tumors, and this can be done, as in the removal of the ligature, by passing an injection of tepid water into the rectum, and then getting the patient to expel them by straining, when the same process is gone through as in external piles; and on the return of the bowels, we attend to the constitutional disorder; and give injections of astringent lotions, &c.

"When the internal variety of this tumor takes place in females who have had children, the reduction of the swelling may often be accomplished through the walls of the vagina, more especially if the parts are relaxed, which in the majority of women is the case."—*Med. and Surg. Reporter*.

WHEN IS A SMALL-POX CONVALESCENT SAFE TO HIS NEIGHBORS?

In the London *Lancet*, Dr. A. Collie, of the Homerton Fever Hospital, says:—

One important question may be here answered—viz., when a small-pox patient may be considered free of danger to his neighbors? This, in reference to the public, is a most important question, and one which requires an accurate answer. We have thought over this very carefully, and we believe that we have arrived at an unassailable conclusion. It is a truism to say that a healthy man cannot give to another a contagious disease; for the question at issue is, when and how a person may be certainly recognized to be in a state of health. Now, you know the ordinary signs of health; a certain temperature, or rather range of temperature, a quiet pulse, a clean tongue, a clear mind, etc. When you find these conditions in a small-

pox patient, he is in a state of health. But—and this “but” is very important—certain products of disease remain for an indefinite time attached to the body; these are scabs, and the scales which follow them. When these are quite gone, your patient well washed, and clean clothing put on, you may send him anywhere without let or hindrance. The practice here has been that, as a patient is ordered out of bed, he has a bath, and this is repeated every second day until he leaves the hospital. It facilitates the removal of the scabs. No person has ever been sent out of the hospital with a small pox scab or scale.—*Half-yearly Compendium of Medical Science.*

SITTING POSTURE IN CATHETERISM.


Mr. K. M. Sears, M. R. C. S., writes to the *Medical Press and Circular*, Oct. 18, 1871 :

In cases of stricture, organic or otherwise, considerable time and patience are required both by the operator and the operated. Thus, a workingman after a heavy day's work will beg to be seated; he dreads the fatigue, the faintness and the muscular trembling produced by leaning during a length of time against a wall. Then one may have a corpulent patient suffering from hemiplegia accompanied by stricture, or an elderly patient with enlarged prostate. It may be inconvenient in these cases, from local circumstance, to lie upon a couch. The time occupied by the operation is commonly considerable, hence the temperature of the room, especially in the winter, is of importance. Under these circumstances I permit the patient to sit upon a chair in a semi-recumbent posture, with the nates close to the edge, and the knees widely divergent. This admits of any requisite manipulative process. In stricture, I have faith in prolonged sittings, at least in otherwise healthy country persons in the prime of life, to enable one *leisurely* to exert that steady pressure—gentle yet efficient—so familiar to the expert. The sitting posture answers admirably, and is superior to the upright, and I think also to the flat position. I am uninformed whether or not this method is advocated by either home or foreign surgeons.—*Compendium of Medical Science.*

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

 Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, MAY 1, 1872.

PROPOSED AMENDMENTS TO THE MEDICAL ACT.

In the March number of the LANCET we published the text of the proposed amendments to the Medical Act. We take the present opportunity to make a few comments upon them. In casually reading over the various clauses, one viz. clause 11, struck us as being very peculiar, and we should say wholly unnecessary. It is not very likely that men of mature judgment, once established in a particular faith would be disposed to avail themselves of the privilege here secured, and even granting that occasionally there might be some unsuccessful practitioner of a vacillating turn of mind, disposed to make a change with a view to establish a more favorable or lucrative position for himself, why should the door not be open to allow him to make choice of any particular school his fancy might suggest? It is a "poor rule that won't work both ways" and we see no reason why if any enactment of this kind is necessary and should not be more general in its character and permit of changes from any one system to that of any other that the candidate might think proper.

We are also inclined to think that clause seven places too much power in the hands of the Registrar. It would be much better to have the power of cancelling or erasing a name from the register vested in the council. As the clause reads at present the registrar has the power of erasing the name upon receipt of evidence which shall be satisfactory to *him*, of the falsity or fraudulent character of the entry, and the person so charged and

whose name is thus erased has no right of appeal, no opportunity of proving the incorrectness of the charge preferred against him. We would like to see the wording of this clause modified in such a way as either to place this power in the hands of the Council, or to allow the person so charged to be dealt with by the ordinary process for misdeameanor, still reserving the right of the Council to order the erasure of his name from the register if found guilty.

There are also some omissions to which we would direct attention. In the first place the general meeting of the council should be fixed in Toronto. This would not only be more convenient for the majority of the members, but also less expensive to the Council as so many of the representatives reside here. Power should also be given to the council to enable them to purchase and hold property for the use of the college.

We also think that in all fairness and as a matter of justice a clause should be inserted to permit Canadian graduates who have received additional honors in England to become registered in Canada without passing the examination before the council. The great object of the central examining board is to establish a uniform standard of examination and to see that no incompetent person shall receive the license to practice. What better guarantee can the Council have of professional attainments than the addition of one or other of these British Diplomas? Such a step would be equivalent to offering a premium of at least fifty dollars to any Canadian graduate who would thus further qualify himself for the practice of his profession. There is no argument that can be successfully brought to bear against the insertion of such a clause except a pecuniary one, but we trust that the Council may never be reduced to such an extremity. The act states that the professional examinations are to be held at Toronto and Kingston at the same time as examinations for matriculation of students. This requires amendment as it could not be literally carried out without the appointment of two Boards of Examiners and besides as Toronto will ultimately become the stated place for holding these examinations it would be as well to fix it definitely here.

There is another blot upon the Ontario Medical Act which should also be removed. We refer to clause 33, section 2, in which the matriculation examination in any college in any of

the Provinces forming the Dominion other than Ontario is to be recognized by the council, while similar examinations in our own colleges are wholly ignored. This is most unfair and should be amended by enacting that all students shall pass the same matriculation examination without respect to territory.

SYPHILIS CORPUSCLES.

Prof. Losterfer of Vienna, has been making some researches on the blood of syphilitic persons, which are at present attracting considerable attention among the medical profession. He commenced his researches in August, last year; his method of examination is to take a drop of blood, place it immediately between a slide and covering glass and then set the specimen under cover in a moist chamber to prevent evaporation. The specimen is examined from time to time. During the first two days nothing abnormal is seen, but, on the third day, small shining bodies are discovered which grow from day to day until they attain the size of red blood corpuscles. These sometimes presented projections, and multiplied themselves by gemmation. He was able from these appearances to separate specimens of syphilitic blood from non-syphilitic, and hence he has named these bodies syphilis-corpuscles. With reference to their number he has sometimes seen more than fifty under the field of the microscope, at other times fewer. He has not been able to determine whether these corpuscles were newly formed in syphilitic blood or whether their germs pre-existed in the blood and were only called into existence by the activity of the disease. He has also observed that the corpuscles diminished and finally disappeared in those patients who were placed under anti-syphilitic treatment.

These researches have been under discussion among the profession of Vienna for some time past, and at a late meeting, Prof. Wedl contested the accuracy of Dr. Losterfer's deductions. Dr. Wedl stated that he had found these corpuscles in both syphilitic and healthy blood. He believed them to be oily corpuscles and this opinion was confirmed by observing particles of the same kind in some "*mistura oleosa*," examined under the microscope. The identity of these bodies with those described by Dr. Loster-

fer has been called in question and the result has been the appointment of a committee to investigate the subject. In the meantime a writer in the *Cincinnati Lancet & Observer* comes forward and claims for Prof. Saulsbury of Ohio, the credit of having been the first to notice these structures. The observations of Prof. Saulsbury will be found in the *Am. Journal of Medical Sciences*, Jan. 1868, pp.17—25.

These discoverers strikingly agree in their descriptions of the physical appearances of these structures, "minute, bright corpuscles, some of them with projections," according to Prof. Losterfer, "highly refractive spheroid bodies passing into filaments of the same character," according to Prof. Saulsbury. They differ widely in their nomenclature however, Losterfer calls them, 'syphilis corpuscles,' Saulsbury, "vegetable parasites or germs."

THE MEDICAL COUNCIL EXAMINATIONS.

It will, we think, strike most practical men who read over the questions which we publish elsewhere in the "Lancet" given at the recent examinations of the Council Board, in no less than eighteen different papers, that in some departments at least, there is far too much subdivision.

A practical and very thorough examination in practice of Physic for instance, might easily we think, like the usual course of Lectures delivered in most of our schools on that branch, embrace in addition to medicine proper, both Medical Diagnosis, and Medical Pathology, In truth an answer to a question requiring a description of any disease and its treatment, must be sadly imperfect unless the Pathology and Diagnosis of the affection be more or less fully given as well as its symptoms, prognosis and treatment—yet at the late examinations a distinct series of questions was given to the Students on each of the three parts of this one branch, one on "*Medicine*" another on "*Medical Pathology*" and a third on "*Medical Diagnosis*." Separate Tickets certifying to attendance upon special courses of Lectures upon the two last named subdivisions are not required of students—as those upon practice of Medicine which all are compelled to attend are held to include all the subdivisions of this great subject.

With regard to Surgery, a similar arrangement was made, cutting it, surgeon like, into three parts, viz.:—"Surgery,"

"Operative Surgery," and "Surgical Pathology," requiring a separate paper upon each. Surely one good, well prepared paper, by one examiner would well suffice to test any student's knowledge of the entire field of Surgery.

Then we have midwifery dislocated, and one paper required on "Midwifery," and another on "Operative Midwifery,"—would a single series of questions on this branch not serve every purpose?

Thus in the instances which we have given (and we might extend the list) there are eight series of questions where three would be sufficient.

The examinations are in this way, as a whole, not only needlessly protracted, but made very much more expensive to the Council than they should be, for each examiner is paid so much per diem, in addition to his travelling expenses, so that the question has an economical, as well as a practical aspect.

The subject is well worthy of the consideration of the new Council, at its first meeting, and let us hope due attention will be given to it. A less numerous examining board and the avoidance of uselessly subdividing the several subjects of examination, would not only effect a large saving, but would make the Board more efficient and satisfactory in its workings.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

—The Examinations of this College, Primary and Final, were held at the Convocation Hall, Toronto University, commencing on the 3rd, and ending on the 12th ult. Seventy-six students underwent examination. The following is a complete list of those who passed the Primary and Final Examinations respectively: Primary—Duncan O. Alguire, Francis H. Armstrong, Milton T. Beeman, Wm. Blake, Robt. W. Bell, Wm. Caldwell, Oliver C. Edwards, Saram R. Ellison, John W. Gray, Edwin Gaviller, Henry Howitt, Wm. F. Jackson, E. Graves Kittson, C. Hy. Lavell, Thomas Millman, Henry T. Machell, W. McClure, James McDiarmid, Angus Nichol, David O'Brian, Jno. A. Stevenson, Adam H. Wright, Robt. C. Young.

Final:—Sidney L. Bates, James G. Baird, Wm. S. Boyle, L. C. Campbell, J. B. Crozier, John Clarke, Richard A. Clarke, R. A. Callighan, Chas. M. B. Cornell, Wm. L. Copeland, John Donaldson, John M. Dee, John R. Hamilton, William James, Edward Kidd, R. Kains, Thomas Lean, Logan M. More, Chas. W. Mar-

Iatt, Wm, G. Metcalf, John Byron Moran, John S. McCallum, Angus McKay, Peter McDonald, A. A. McDonald, Chas, McLellan, Henry Peterson, Hugh Ross, Samuel G. Rutherford, A. Scott, Lenard St. John. Geo. Steacy, Alex. Stewart, Thomas Jas. Tambllyn, Fred. H. Wright, Nelson Washington, Ebenezer Waugh, Adam D. Wagner, H. Wilkinson, Richard Zimmerman.

Five Candidates for primary examination were rejected, and nine were rejected in their final examination.

The following gentlemen successfully passed the Matriculation Examination held on the 2nd and 3rd ult :—F. Burt, M. L. Davis, W. J. Douglas, J. P. Egleston, W. Travers, F. Emerick, J. Trimble, J. Fulton, H. S. Washington, H. Hooper, G. Welsh, E. Jessop, H. G. Lackner, J. E. Langstaff, G. A. Marlatt, J-McAlpin, A McPhedrain, A. Robinson, S. J. Robinson, Fred. S. Snyder, Arch. Taylor.

TRINITY COLLEGE CONVOCATION.—On the 12th ult., a convocation for conferring the degree of Bachelor of Medicine, was held in the Convocation Hall at Trinity College. Among those present were Messrs Lewis Moffatt and S. B. Harman, Drs. Hodder, Hallowell, Geikie, Fulton, Kennedy, and Johnston, and the Rev. Drs. S. Givens, Ambrey and others, including a fair sprinkling of ladies.

The Rev. Provost Whittaker opened the proceedings with prayer, after which the following gentleman had the degree of M. B. conferred on them ;

Logan M. More, Gold Medalist ; Peter Macdonald, Silver Medalist ; Angus McKay, Hugh Ross, T. J. Tambllyn, George Steacy, Certificates of honor in Final Branches : Archibald Campbell, Adam Vrooman, Frank Duckinfield Astley, Samuel S. Stephenson, Charles W. Marlatt, Wm. S. Boyle, Thomas Lean, William James, Robert Kains, J. B. Moran, Cyrus R. Allison, Joseph Albright, Hugh Lang, Richard Ardagh Callighen, S. Wallis, Samuel George Rutherford.

The Dean of the Faculty then introduced Mr. Logan M. More, who was presented by the Vice-Chancellor with the Gold Medal, which bore the following inscription on the obverse surrounding the arms of the College,—*Collegium S. S. Trinitatis apud Torontonensis*. On the reverse, in the centre, were the words, “ presented to Logan M. More, M. B.” surrounding which was, “ Faculty of Medicine, 1871,

72." The silver medal, which bore a similar inscription, was then presented to Mr. Peter McDonald, and certificates of honor in final branches to Messrs. A. McKay, H. Ross, T. J. Tamblyn, and J. G. Steacy.

A certificate of honour, after examination in the primary branches was awarded to Mr. Thomas Milman.

UNIVERSITY OF TORONTO.—The following gentlemen have passed the Medical Examination of this University:—Degree of M. B.—R. Zimmerman, University and Starr Gold Medal. J. B. Crozier, University and Starr Silver Medal. F. L. Bates, W. Forrest, T. Lean, W. G. Medcalf, J. Morrison, A. A. McDonald, C. McLellan. W. McClure, H. Peterson, J. Robinson, A. Scott, H. Wilkinson, and F. H. Wright. Primary Examination—S. D. Hagle, Third Year Scholarship. M. J. Breeman, Second Year Scholarship. W. Britton, First Year Scholarship. J. S. Balmer, W. Ferrier, J. W. Gray, H. T. Machell, and A. H. Wright.

MEDICAL ELECTIONS.—The County of Brant Medical Association has requested Dr. Lawrence, of Paris, to become a candidate for election to the Ontario Medical Council for the Erie and Niagara Division. Dr. Lawrence is widely known, and in every way well qualified for the post.

DR. J. N. AGNEW, of this city, is again a candidate for re-election to the Council, as the Representative of the Midland and York Division. His course during the past three years appears to have given very general satisfaction, and thus far we have not heard of any opposition.

We have not heard of any opposition to the Election of the following gentlemen :

Dr. Hyde.....	Malahide & Tecumseh
Covernton.....	Gore & Thames
Hamilton.....	Burlington & Home
McGill.....	Kings & Queens
Dewar.....	Newcastle & Trent
Day.....	Quinte & Cataraqui
Brouse.....	St. Lawrence & Eastern

The election will take place on the 12th of next month.

CORRESPONDENCE.

To the Editor of the LANCET.

SIR :—I send you the following report of a case of retention of urine, which may be interesting to some of your readers.

J. P——, aged 73, was taken with complete retention of urine, from a severe cold, taken while driving in the rain. He sent for a medical man, who tried to introduce a catheter, but failed. He then sent for me, a distance of 21 miles, when I got there I tried to pass a catheter, but found so many false passages I could not succeed—I put him in a warm bath—all to no purpose. He had been by this time nearly 36 hours without making a drop of water. I proposed to puncture the bladder, above the pubes, to which he readily assented. I passed the trocar into the bladder, and took away about three pints of dark muddy looking urine. I introduced a gum catheter through the canula, and left it in for five days. I then had a tube made of a piece of a female silver catheter, with a smooth shilling soldered on, (about three-eighths of an inch from the end,) I withdrew the gum catheter and passed the silver tube in the place of it, and kept it in place with a strip of sticking plaster. He wore the tube for 10 weeks, after which he passed his water naturally. I removed the tube, touched the edges of the opening with Argent nitras; it healed in three days, and for eight months he was better, and made his water more freely, and much better in every way than he had done for nine years previously. At the end of 8 months, he again took cold from getting his feet wet and sitting in a cold place. Retention of urine followed. He tried to introduce the catheter himself; but could not succeed. He then sent for me. I found him in the same condition as before, and after several ineffectual efforts to pass the catheter, he insisted upon me to operate, which I did, in the same way as before. On this occasion he wore the tube only three weeks, and is now as well as usual.

Yours, &c.,

GEORGE SNYDER, M. D.

SHELBURNE, N. S. }
 April 30th, '72. }

(To the Editor of the Lancet.)

SIR,—I see in your valuable journal for March, an article by Dr. Freel, of Markham, on "The Phenomena of Life Maintained and Controlled by Two Antagonistic Principles of Innervation."

I am to understand the first report of this most important scientific discovery was presented to the medical profession in April, 1871. Nearly a whole year has been allowed to elapse ere we have been favored with, I presume, this second portion. Why so long a silence, particularly in a case so vital and interesting to the medical world, I am at a loss to conjecture. Singularly enough, the highly educated and practical scientific medical men of the day don't appear to notice our phenomena subject. A challenge is modestly given to criticise, but the criticism is to be generous of course, by no means resembling his of the "Barbarous Treatment by a Midwife." In this barbarous instance, he says he had good reason to criticise, even to censure the course pursued by the medical attendants. He says turning is always formidable. A skilful accoucheur says No—if the peculiar position be understood—not at all formidable; but easily managed if done at the proper time. This formidable operation, in the authors own words involves a mortality to mothers of one in fourteen. From this geometrical statement we may very reasonably infer that he has had considerable practice in that department when he is enabled to state so exactly the number. He tells us when and how delivery should be accomplished, the instruments to be used; reprobates chloroform under circumstances then existing, no *suaviter* criticism, surely for the absent man. The mother dies—had an opposite course been pursued, the mother had every probable chance to survive; the early getting up was merely reprehensible.

The Editor of the LANCET also comes in for a share of his criticism for presuming to allow "the productions of the several correspondents to go unchallenged and thus possibly in some instances to mislead the inexperienced," but he should in a moment of cool reflection remember that the Editor is no Dictator—No Hector, no Hercules—in no manner responsible for the productions or effusions of correspondents. His reticence is by no means an acquiescence in their correctness.

I come not out as a champion, I have no pretension to that dignity; but merely as an humble member of the profession; to assuage impatience in some degree at the unexpected silence of learned members, myself excepted, to make a few comments with good feeling on the great production before us. "The invented theories of the philosophers of every age tried to explain the animating principle. The phy-

pothetic "Entity of Aristotle, the "Materia Vita" of Hunter and all intermediate shades of conjecture, aimed to explain vital action by some mysterious agent independent of organism itself," all failed. We expect now, naturally enough that the author of the illustrated phenomena of life in all its phases, will tell us where this vis vita is, what it is, where it resides, whence its sovereign ruling power? Is it a solid body, or a fluid, or æthereal? we want to know all about it. If not satisfied on this point, we can't help saying that not one atom of advance has been made from these theories of philosophers of old. The author emphatically states that this vis vita must be an inseparable part of the being; the compulsory word *must*, wont do; vis vita is still as yet undiscovered, unexplained. "What philosophers sought for in vain, and physiologists explored the system to discover, has been found in the simple arrangement of the two nervous systems admirably adapted to preside over organic functions,"—theory still. "The Author claims no greater merit than having possessed discernment enough to discover and gather up materials ready formed by the great masters, strewn broadcast over the pages of medical literature," which materials he brought together so completely as to resemble in structure, beauty and symmetry, the temple of Solomon, metaphorically speaking. Where are these materials so finely arranged? I have not heard nor do I know where to find them, the author an adept in physiological mechanism will be kind enough to tell me where I am to see them. "The experiments of Bernard prove to an absolute certainty the existence of an antagonistic law of innervation presiding over capillary function," this is the repetition of the theory of another man, more 'tis experimental. "Extirpation of the Superior cervical ganglion produces instantaneous congestion of the corresponding side of the face with consequent augmentation of temperature while the destruction of the fifth nerve induces ex-sanguination." Now the contrary is the plain fact, that where Congestion is, temperature is diminished in consequence. From cessation of the circulation of blood the same effect is produced from the destruction of the fifth cervical nerve. All anatomists and physiologists are aware that the whole human body is covered with a network of nerves into such general minuteness of distribution and extreme tenuity that the microscope fails to detect final termination. The whole nervous plexus is one unbroken system, no division of continuity, and those ganglia, called systems of centres are no more nor less than mere resting places (like Oases in the desert) for principal nerves in their course of distribution to communicate

to the ganglion nerves, whatever new sensation they have received themselves to be conveyed by them to their respective destination.—The great sympathetic, when excited to extreme, sends up through its ascending branches to the sensorium, an impression telling as it were what frenzy of excitement rages in their whole system, the sensorium becoming oppressed with the general disorder and confusion loses its standard of equilibrium and delirium sets in. The original cause may be morbid matter, or destruction of one or more vital organs, or vessels. The author theoretically divides the nerves into two systems, each possessing very different degrees of susceptibility. If this were the case how could antagonism arise if no communication existed? the fallacy of this doctrine is manifest. Pray what has given rise to this antagonistic action or re-action as some call it in the nervous system? nothing more than mere change of susceptibility from excess or diminution of an exciting cause. We take the cause away if we know it, the effect disappears sooner or later. Our author also states that the "Doctrine that inflammation arises from the irritation of a stimulus" has melancholy to say "led to an error in practice fatal to millions." To be correct in this department he must have had very considerable practice, if not, surely he cannot state with precision and absolute accuracy.

The irritant experiment to the web of a frogs foot is finely delineated. The test application proves he says "contraction of the web vessels, and the surface becomes pale." If any effect by contact be produced discernible it should be retraction in the web, paleness will be the result of pressure in a relative point of view as in higher animals. "In our practice, says the author, as well as in that of our former associate Dr. Lloyd, every case of pleurisy when seen and treated in its incipient stage has been subdued within forty-eight hours by the administration of a powerful exaltant; while in that of a neighboring practitioner a regular Rip Van Winkle—poor fellow—he has had a long sleep—half a century—now having awoke swears, we may add solemnly—by the lancet as the *sine qua non* of successful treatment, patients bled ad deliquium lie in *articulo mortis* and unfortunately too often succumb to the concurrent depression of art and nature." This lash is intended for those who advocate the lancet, these advocates are legion but not ad deliquium. Poor Rip Van Winkle has not as yet recovered his senses from his half century sleep; pray what must have been the practice of our author, before his late discovery? he forgot to tell us, he does not say after what manner he and his associate, Dr. Lloyd treated inflammation of the pleura in its advanced stage. Again "a

satellite of this great orb of past ages, bled a man who had sank into insensibility in a church, till the patient actually expired under the operation." There must have been great alarm amongst the congregation. What a head-strong tenacity to old prejudices, some practitioners evince that they absolutely refuse to investigate any new principle. Such tenacity is rather to be deplored. "We have had here the case of a blacksmith who had injured the palm of his hand, the whole extremity in a few hours became very much swollen, reddened and excruciatingly painful; we ordered, pulvis opii grs. VI, to be taken at once; two 4th year students, watched the progress of the case; he soon became narcotized, remained in a state of semi-consciousness for 8 hours, (exactly,) when he awoke the arm appeared perfectly ex-sanguinated, nor did the inflammation ever re-appear in the least."—Striking and convincing proof of the character of inflammation and of the nature of the counter-acting agent, required; well we too in classic form, say the dose was very large, large indeed, particularly as it is generally known that two grains of the pulv. opii to the unaccustomed, often proves fatal; by the bye, such a dose might have ended with a Rip Van Winkle result. We don't wonder that the nerves were put asleep, they of course lost their energy. Had the excitement got up a little higher, the dose must have been increased proportionally, then if so I fear the means would not justify the end. "We (the author) offer with great diffidence to the profession these proofs of the existence of a general law which animates and controls vital action." Some green-eyed fellow might say, the word diffidence is not in the right place, assurance is a more appropriate word. As there is no champion just now, ready to couch his lance in defence of the doctrine, "*Similia Similibus Curantur*," the author may sit down on his couch and enjoy with philanthropic feeling, his

OTIUM CUM DIGNITATE.

MEDICAL JOURNALS WANTED.

We have just received the following communication from the Surgeon General's Office, War Department, Washington, which we place before our readers. If there are any who have copies of these publications, which they would be willing to part with, they will please send them to the LANCET office, with bill enclosed, and we will forward them and make the collection.

To the Editor of the LANCET :

SIR :—I enclose a list of desiderata in Medical Journals, hoping that you will give such aid in obtaining them as lays in your power. If complete volumes cannot be had, odd volumes will be very acceptable. I am willing to purchase or to exchange publications of this office, or Photo.Micrographs for them. This library is now the largest Medical Library in the country, and it is desired to make it absolutely complete in American Medical Literature. These Journals can only be obtained from physicians, who may be willing to part with them in view of the object for which they are desired. Will you please call the attention of physicians in Toronto to these lists, and forward to me anything that may be obtained.

The British American Journal of Medicine and Physical Science.—

Edited by Dr. Hall and MacDonell. Montreal.

Wanted—Nos, 1, 2, 3, 6, 8, 9, 10, 14, of Vol. I (1845-46.) No. 11 of Vol. II. Vols. IV, V. No. 10 of Vol. VI. Nos, 1, 3, 10, 11, 12 of Vol. VII, and all subsequent.

The Canada Medical Journal. Edited by R. L. MacDonell and A.

H. Davis, Montreal, Commenced 1852.

Wanted—All.

Montreal Gazette. Edited by Dr. Sutherland, Montreal. Commenced 1844.

Wanted—All.

The Quebec Medical Journal. Edited by Xavies Tessier. Quebec. 1826.

Wanted—All.

Upper Canada Journal. Toronto, Canada.

Wanted—All.

The Medical Chronicle, or Montreal Monthly Journal of Medicine and Surgery. Edited by Wm. Wright and D. C. McCallum.

Wanted—Vol. 1 (1853-54,) Vol. II, (except No. 12.) Vol. III. Vol. IV, (except Nos. 3, 12,) and all subsequent.

Yours respectfully,

J. BILLINGS.

Assistant Surgeon, U. S. A.

NOTES AND COMMENTS.

NITRATE OF AMYL IN EPILEPSY.—Dr. Mitchell, in the *Medical Times*, recommends the inhalation of Nitrate of amyl to arrest the paroxysms. The attacks are not only cut short, but are lessened in frequency. No evil effect has resulted from the use of the drug, but on the contrary, the patients condition is improved, mentally and physically. He administers it by putting three or four drops in a small phial, and directing the patient to place it under the nostril and inhale the vapor.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION. — The 23rd annual session will be held in Philadelphia, Pa., May 7th, 1871, at 11 a.m.

W. B. ATKINSON, Sec.

1400 Pine St., Phila.

DR. BURROWS, has been re-elected president of the Royal College of Physicians, London.

HEMATEMESIS.—Mr. Charles Stewart reports a case of hematemesis, in the *Edinburgh Medical Journal*, in which ergotine was successful, after the failure of the ordinary remedies, such as ice turpentine, &c. He injected about three grains of ergotine in solution in water, with a small proportion of spirit beneath the skin, covering the deltoid muscle, after which the hemorrhage immediately ceased. The above case would seem to show the great power of the hypodermic use of ergotine in arresting vascular hemorrhage, and is worthy of a more extended trial.

APPOINTMENT.—Peter McDonald, of the Town of Simcoe, Esquire, M.D., to be an Associate Coroner. within and for the County of Norfolk.

SUBSCRIBERS IN ARREAR.

We beg leave to intimate that during the course of the present month, we will draw upon those subscribers who are still in arrear for the past year, through the agency of the Express Company. Our readers are aware that we have, some time since, adopted the cash in advance system, and have been successful beyond our most sanguine expectations. A few are still in arrear and we trust they will give this matter their kind and considerate attention.

TAXIS IN HERNIA.—Dr. Le Gros Clark surgeon to St. Thomas Hospital writes to the *British Medical Journal* of April 18th, 1872, in reference to an article which appeared on the above subject in the issue of the 10th of February, and which was copied into the last number of the *CANADA LANCET*, strongly deprecating such practice, as being very dangerous and altogether opposed to sound practice. He believes that much mischief may be done by violent attempts to reduce strangulated hernia and strongly advocates gentleness in the operation of taxis and an early resort to herniotomy if the former fails.

CEREBRO-SPINAL MENINGITIS.—We learn from the *Buffalo Medical and Surgical Journal*, that an epidemic outbreak of this disease, sometimes known as "spotted fever," has made its appearance in Buffalo during the past winter and continues with unabated frequency. The health officer's report for March shows thirty deaths from this disease alone, although the death rate is not as great as has occurred in many other places where it has prevailed epidemically. The cause of the prevalence of this disease is not well understood. Dr. B. W. Richardson's suggestion that it may be due to the consumption of diseased grain after the manner of ergotism, is worthy of consideration. The *treatment* which has been most effectual consists in the application of cold to the head and spine, by means of ice bags, hot applications to the extremities and the internal administration of opium or morphine, carefully watched. Quinine has been found useful in aborting the attack when given early. Ergot and belladonna have also been used in combination, but with equivocal benefit. The general treatment consists in the use of the hot bath, generous and nutritious diet, and the use of stimulants when necessary.

BOOK NOTICES.

EARTH AS A TOPICAL APPLICATION IN SURGERY.—By Addinell Hewson, M. D., Surgeon to the Pennsylvania Hospital. Philadelphia: Lindsay & Blakiston. Toronto: Adam Stevenson & Co.

The author gives a record of about ninety cases that have been treated by the topical application of earth. The earth used

is clayey subsoil, obtained from deep diggings, well dried and sifted, entirely free from all sand, grit, or foreign matter. The wound is first covered with waxed paper or gauze and collodion, and then a layer of clay, and over this a roller bandage. The author claims that the earth is not only a disinfectant, but also has a soothing and cooling effect when thus applied to the wound and the healing process takes place more kindly and rapidly.

MANUAL ON DISEASES OF THE EAR, by Laurence Turnbull, M.D., Physician to the Howard Hospital of Philadelphia. Philadelphia: J. B. Lippincott & Co. Toronto; Adam, Stevenson & Co. pp. 486.

The above volume is illustrated with one large colored lithographic plate, showing the anatomy of the ear, and over one hundred illustrations on wood, representing the various instruments employed in aural surgery. The aim of the author has been to make the work practically useful, and to lay down the fundamental principles which should be the practitioner's guide in diagnosis and successful treatment. The subject is presented in such a manner that any well educated physician might, with the aid of this volume, treat satisfactorily any of the diseases of this important organ. The work deserves well of the profession, and will no doubt, sooner or later, find a place in every reading man's library.

CONCENTRATED ORGANIC MEDICINES, by Grover Coe, M.D. 8vo., pp. 446. Price \$1.25. New York: Keith & Co.

This volume comprises a practical exposition of the properties and uses of the active principles of medicinal plants—foreign and indigenous. It also contains a brief history of crude organic remedies, constituents of plants, concentrated medicines, official preparations, &c. Send for a copy, or order through your bookseller.

INSUFFICIENT VACCINATION. By William Henry Cumming, Atlanta, Georgia, (late of Toronto). Reprinted from the *Atlanta Medical and Surgical Journal*.

This is a pamphlet which is well worthy the serious consideration of the medical profession. The author shows most conclusively, from statistics, that four or five genuine vaccine vesicles are necessary to complete and successful vaccination.

THE
CANADA LANCET,
MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

JUNE, 1872.

No. 10.

Original Communications.

CASES OF OVARIOTOMY.

BY EDWARD M. HODDER, M.D., C.M., F.R.C.S. ENGLAND; FELLOW OF THE OBSTETRICAL SOCIETY OF LONDON; PROFESSOR OF OBSTETRICS, TRINITY COLLEGE, TORONTO; HON. MEMBER, NEW BRUNSWICK MEDICAL SOCIETY; CONSULTING PHYSICIAN AND SURGEON, TORONTO GENERAL HOSPITAL, BURN-SIDE LYING-IN HOSPITAL, &c., &c., &c.

(Continued from p. 110, No. 3, Vol. 4.)

Case 8. Mrs. W. æt 32; fair complexion and healthy appearance, was married about three and a half years ago. She has two children; the eldest twenty-seven months old, the youngest thirteen months, both living and healthy.

In December, 1866, she first had an attack of pain in the left ovarian region, which was supposed to be of an inflammatory character, and treated accordingly. This pain lasted for three days in a severe form, gradually subsiding altogether in about a week. She has had several attacks since, but none so severe.

About twelve months ago, a Tumour about the size of a goose egg, was discovered low down in the left hypogastric region, painful only under heavy pressure, or when the attacks of pain

came on. On these occasions the tumour increased much in size, and again subsided as the pain went away. The usual application was a mustard plaster and some ordinary sedative. Within the last year she has had three or four of these attacks, and five months ago she was obliged to wean the baby in consequence of the severity of her sufferings. With the exception of these attacks of pain she enjoys good health, although she has gradually lost flesh and strength. Her appetite continues good, she sleeps well, and the catamenia continue regular. The abdomen is not very much enlarged, being about the size it is at full term, measuring thirty-five inches round the umbilicus and thirty-four above the pubes, and one and a half more on left side from ant. sup. spinous process of ilium to umbilicus, than on the right. Two or three cysts appear to be enlarging rapidly, fluctuation being perceptible in them. Since Christmas it has grown rapidly, for at that period it did not reach the umbilicus, whereas, it is now nearly as high as the ensiform cartilage. There is no doubt as to its being a multilocular ovarian tumour, three distinct cysts existing, besides numerous small and hard ones. It can easily be moved from side to side, showing but few, if any attachments. The uterus is normal, being very slightly larger than in the virgin state, and no pain is experienced in making the necessary examinations.

Thursday, April 30th, 1868.

A consultation having been called and an unanimous opinion given in favour of an operation by Drs. Beaumont and Bovell; in the presence of Drs. McKinnon and Baker, Army Medical Staff, and Drs. Agnew and Phillips, the operation was performed. Chloroform was given by Dr. Bovell, and she came easily under the influence of it. An incision about six inches long was made a little to the left of the linea alba, between the pubes and umbilicus, the peritoneum opened, and the whitish glistening tumour brought into view. It was, as suspected, multilocular, two very large cysts forming the bulk of the mass, while innumerable small cysts from the size of a pea to that of a walnut, gave the feeling above described. The largest cysts were tapped and several quarts of very viscid tenacious greenish fluid, as thick as honey flowed away. This fluid was glistening with cholesterine. After the reduction in bulk by the emptying of the two large

cysts, I was enabled to withdraw the rest of the tumour external to the abdomen. The attachments were few but strong, none of recent date, and principally to the omentum. The peduncle was long, the veins large and turgid, and not having one of Spencer Well's Clamps, I determined to secure it by the double whip-cord ligature, the ends being brought out at the lower angle of the wound and transfixed by a long needle which was passed through the whole of the abdominal walls. Two other long needles were also used, and several points of interrupted suture; long strips of adhesive plaster, and a flannel bandage completed the dressings.

Nothing of moment occurred during the operation; she rallied well, but complained more of pain in the back, and situation of the peduncle than is usual after these operations. Before the operation the pulse was rapid, an hour afterwards it had fallen to 80, but rose again in the evening to 112—and vomiting also took place. One grain of opium was given and ordered to be repeated until sleep was induced or the pain relieved.

May 1st, 1868, 7.30 a.m.—She passed a restless night from the pain in the back and lower parts of the wound, both of which have now passed away and she feels comfortable; pulse 104, soft; skin moist; tongue whitish; and urine secreted in good and normal quantities. 10 p.m. The opium caused vomiting and was consequently omitted, the stomach is now comfortable, she has no pain, is cheerful, and inclined to talk—I injected a quarter of a grain of morphine subcutaneously.

May 2nd, 8 a.m. She passed a good night, sleeping about seven hours, but now complained of griping pains flying from place to place, with general tenderness of the abdomen and slight tympanitis. Her countenance is good; skin moist; pulse 100 soft; respirations not increased; urine secreted in healthy quantities and she feels no pain when the griping passes away. To have one grain of opium immediately and repeated in an hour, and Turpentine Mix, in mucilage occasionally.

May 2nd, noon.—The opium caused vomiting again, but was used because the syringe was not at hand. She is quite free from pain; pulse 94; skin moist; and she is cheerful.

10 p.m. Quite easy and feels inclined to sleep. There has been a quantity of dark coffee-ground looking discharge from the uterus all day.

May 3rd, a. m. Has passed a very good night; no pain; pulse 92; tongue clean; feels hungry and wants more solid food; wound healed; discharge still continues from the uterus. To have a little chicken for dinner. 10 p.m. Slight headache, otherwise well.

May 4, 9 a.m. Doing well in every respect. 5 p.m. On visiting her this afternoon, I saw a very marked change; her countenance was sunken and haggard; pulse quick and small; respirations hurried; and she complained of pain low down on the right side. On examining the abdomen a tumour the size of an orange could be distinctly felt in the situation of the right ovary, and very tender to the touch; but the wound looked well, and there was no tenderness in the situation of the peduncle. It was difficult to account for this sudden change, for after the removal of the tumour, I invariably examine the opposite ovary, and in this instance Dr. Beaumont examined it also. It was found to be quite healthy in size and appearance. On investigation, I found that about two or three hours before my visit something had annoyed her and she got into a violent passion, in fact it was described to me by two ladies who were present, as a perfect fit of phrensy, being much too violent for ordinary ill temper. During the paroxysm she rose from her bed, commenced to dress, declared she would not remain an hour longer in the house, foamed at the mouth, her face became livid, and after about half an hour of this furious excitement, she fell back in the bed exhausted. Fearing the worst consequences, I put her at once on large doses of Bromide of Potassium and applied turpentine to the right side of the abdomen, and at night I found her calm and quiet, and with the exception of the tumour, nearly as well as she was in the morning.

May 5th. Passed a quiet night and feels well; but weaker than she did; wound healed; and as she was calm and quiet, I removed the long needles, the ligatures remaining at the lower part of the wound. To have wine and more nourishment.

May 7th. She is cheerful and happy; the pain and tenderness of the right ovary passing away; the points of suture were removed to day, and all doing well.

May 9th. Another fit of phrensy! on visiting her at noon I found her dressed and ready to leave the house, with bonnet,

cloak, etc., on, and a carriage had been sent for. Remonstrance was of no avail; she would not listen to reason, and shortly afterwards she drove a mile, to a new place of residence. In the evening I found her none the worse; but fatigued, and cautioned her against these vagaries.

May 10th. She feels well and more contented with her new home. Bowels moved two or three times without medicine; not a bad symptom.

May 18th. Off again to a new abode, a mile in another direction. Since last report everything has gone on well and she has gained much strength. The pain has entirely left the right ovary, and it is decreasing in size, ligatures still firm and wound entirely healed except at the lower angle.

May 25th. Since her last move she has had a drive or a walk daily, her general health is very good and she returns home to-day in good health and spirits.

August 4th. As the ligatures had not come away, and taking a great interest in my little patient, I visited her at her own house. She was quite well in health, active and cheerful, but as the ligatures had not separated she feared that something was wrong. On examination I found one quite free and it came away without any force, but the other was still firm and gave great pain when pulled. It, however, came away two days afterwards, or ninety-six days after the operation. The right ovary had increased in size since she had left Toronto, being about the size of the fist; not painful; very moveable; and giving her no inconvenience. She menstruates regularly both as to time and quantity, and she considers herself as well as ever.

Remarks.—She still continues to take the Bromide. Some months afterwards I met her husband who told me that the right ovarian tumour had entirely disappeared and she was quite well.

In September, 1869, I received a letter from Mrs. W. in which she says, "when I was in Toronto I suspected only, but now I am convinced, that I am in the family way," and in the February following (1870) Mr. W. writes, "at my wife's request I have to inform you, that on the 5th inst., she was safely delivered of a healthy boy." She made a good recovery and nursed her child for thirteen months.

The tardy separation of the ligatures, left as it were, an

opening through the abdominal parietes, covered only by the integument, and the distention of the abdominal walls by the gravid uterus, so increased the size of the opening that after her confinement, a large hernia existed. It was generally easily reduced and gave her little inconvenience, as a well adjusted bandage usually gave her support and comfort.

In April 1871, however, it became strangulated, and was returned with great difficulty.

CASE 9.—Mrs. W. the subject of the last case, wrote to me a few weeks ago, saying that the right ovary had again taken on rapid growth, and that she was coming to Toronto to consult me.

June 20th 1871.—On making a careful examination to day, I found the right ovary increased to the size of a child's head, very moveable and not painful. She states that during the time she was nursing she never enjoyed better health, and that she was not aware of the existence of the tumour, but in February last, when the child was a year old it began to enlarge, and after the child was weaned in March, it increased very rapidly. It was multilocular, one cyst only taking on rapid development. In consultation with Drs. Beaumont and Bethune, the operation was decided upon, and fixed for the 24th inst.

June 24th.—Chloroform having been given, an incision about two inches in length was made near the linea alba, and the peritoneal cavity opened. I had determined to try a radical cure for the hernia while removing the ovarian tumour, therefore, after opening the abdomen I continued the incision until I came within an inch of the thinned integument which formed the hernial sac, I then made an elliptical incision on each side, including the thin covering of the hernia, and brought the two cuts again into one just above the pubes. In this way I removed the whole of the sac, and was enabled to bring the cut surfaces of the recti and pyriform muscles into close contact. The bulk of the tumour consisted of one large cyst, which was tapped, and a quantity of dark brownish viscid fluid flowed away; the rest was made up of numerous small cysts. There were only two adhesions to the omentum, which were easily separated, and the pedicle was secured by the clamp.

10 p.m.—She is quite easy, and doing well.

June 25th.—Passed a comfortable night; pulse 101; no pain or uneasiness.

June 26th.—Severe pain came on in the night, confined to one small spot, about midway between ant. sup. spine of Ilium and the pubes, and extending down the thigh, but not felt one inch on either side of the above named spot, neither is there tenderness.

It is intermittent, coming on at about 9 a.m., and leaving towards nightfall; she has had similar pains for two months past; pulse 92, soft; skin cool; no tenderness. To have Pulv. Opii. gr. i. immediately, and at bed time.

June 27th, 8 a.m.—She was relieved by the opium, but it was followed by sickness and head-ache. The pain returned at 10 a.m., and became very severe, continuing all day, and leaving her at night; pulse 96; no fever; nausea, and disinclination for food.

The catamenia came on, as freely and naturally as usual; wound uniting well; no suppuration. Morphia Sulph. $\frac{1}{4}$ gr. was injected at night, but it caused vomiting and loathing of food.

June 28th.—She passed an uneasy night, and, in anticipation of a return of pain, I injected $\frac{1}{60}$ gr. of Atropine, but it produced the same effect as morphine, and did not retard the return of the severe pain. There was little sleep during the night, and her head felt uncomfortable. The catamenia continued regular, and the bowels were inclined to act naturally; there was no tympanitis or pain in the abdomen generally, still this painful spot existed—pulse 90, soft; skin moist; no appetite. Ordered an injection per rectum of 1 drachm of Tr. Opii. at bed time.

June 29th.—Pain gone; she slept well, and feels comfortable; the bowels have acted, and the catamenia continues; pulse 96, and tongue clean. I removed all the dressings and found the wound healed, and the clamp firm. Adhesive plaster was again applied with a bandage. As she had no appetite, and the pulse was feeble, I ordered 1 ounce of wine, with a chop or fresh fish, &c.

June 30th.—She slept well; pain gone; no relish for food; catamenia nearly gone; she feels weak; pulse 94, tongue slightly furred in the centre, and the wine turns sour. To substitute brandy for wine.

July 1st.—She feels much better; slept well; appetite returning; passed water twice without the catheter, and she is cheerful.

July 5th.—She continued steadily to improve until this morning, when she was attacked with a sudden and most severe attack of inflammation of the left parotid. The symptoms were most acute, nothing appeared to relieve, and suppuration took place. An opening was made the moment matter was detected, yet the symptoms did not abate, and her sufferings were severe. In this state she continued until the 10th July, when the pain gradually passed away, and she was left in a weak and debilitated condition. Being unable to masticate, she was fed on beef tea, &c., &c.

There was complete paralysis of the facial nerve from pressure, and consequently the features were drawn to the opposite side.

The clamp was removed to-day, and the wound soon granulated.

July 10th.—The pain in the parotid has gradually passed away, yet, she cannot open her mouth, and is consequently obliged to feed on broth, beef tea, and other slops. The paralysis continues. She continued gradually to improve and gain strength until the end of the month, when she returned to her own home.

On the 21st August, 1871, I received a letter from my patient, in which she says: "I feel quite well and strong, I enjoy my meals, and in fact seem wonderfully well;" and in the following October she writes again, saying, that the swelling in the face has gone down, but the jaw remains stiff, and concludes her letter by telling me that she is quite well, except the stiffness of the jaw, and that she has not had an ache or pain since she left Toronto.

REMARKS.—The records of Ovariectomy contain but few cases in which the operation has been twice performed, and still fewer in which it was successful in both. In the two cases now published, many adverse circumstances took place, and had it not been for the indomitable courage of my little patient, I think the result might have been different. During the first operation she changed her lodgings within a week of the operation, and

again before the ligatures came away. She also returned home, a distance of nearly one hundred miles, the ligatures being still attached to the peduncle, and from which they did not come away for upwards of three months. She then became pregnant, went her full time, gave birth to a strong, healthy, male child, which she nursed for thirteen months, and weaned him only when the second ovarian tumour took on rapid growth.

The history of the second tumour is to me very singular, for I had asked Dr. Beaumont during the first operation to examine the right ovary, which I had previously myself done, and both of us considered it healthy in every respect.

The violent passion into which she threw herself a few days after the operation, appears to have been the only exciting cause, and within three hours afterwards, the right ovary could be felt as large as an orange. This passed away, she regained her ordinary health, and became pregnant. During her pregnancy she enjoyed excellent health, with the exception of occasional sympathetic symptoms, and nursed her child for thirteen months, a period too long for most women, particularly for one whose constitution had recently received so severe a shock. It was only when she was worn down by lactation that the tumour again increased rapidly in size, and her former experience led her not to postpone operative procedure too long.

The very sudden and acute attack of inflammation in the parotid gland, without apparent cause, its obstinate resistance to treatment of every kind, its pressure upon the facial nerve, producing complete paralysis, and its very tardy restoration to its natural condition, are, to say the least, very unusual. Could it be looked upon in the light of Metastasis, such as we see occasionally in the male, where parotitis suddenly leaves the gland and attacks the testicle, or was it simply a coincidence?

At the present date I am happy to state that my patient is in perfect health, and the function of the nerve restored.

(To be continued.)

CURIOUS NERVOUS PHENOMENA.

BY W. S. CHRISTOE, M. D., FLESHERTON, ONT.

For want of a better term, I have given the case I am about to describe the above caption.

My patient was a lad, living in the Township of Proton, aged 11 years, of slender build, fair complexion, sanguine temperament, and possessing fair intellectual development. Eight weeks ago I first saw him. The history of the case, briefly given by the lad's mother, is as follows ;

For about two weeks previous to my visit, he manifested a very voracious appetite, eating everything, and would, if permitted, be always eating ; in the midst of which he took a severe pain in the side of the face. Supposing it was from the teeth, nothing was done for it. Suddenly he became seized with some curious demonstrations of nervous derangement. Antispasmodics were used, but with very little effect, I found the lad breathing stertorously, and at each inspiration the body was raised fully six inches ; the points of contact being the heels and head ; this would continue for a while, then he would talk over every imaginable thing passing through his mind, whistle, sing, eat, snap and occasionally turn a half somersault, without touching the bed with his hands. It was asserted, in fact, and so it seemed, that the lad was bewitched.

My first impression was, that it was intestinal irritation, from the excessive appetite present. I gave him *santonine*, *turpentine*, *asafoetida*, but only to find my diagnosis purely imaginative.

During these paroxysms, the lad appeared to be sleeping, from which he could not be awakened by calling, however loudly or pinching, however severely, but when shaken and his name called simultaneously, he would invariably be awakened, rub his eyes, laugh and converse pleasantly, and to questions put, would say " nothing was the matter with him "—he recollected nothing that had transpired—but perhaps in the midst of conversation he was off again. I was pressed to give my opinion, and name the disease, I frankly admitted my ignorance. Before leaving, however, I thought I would test it still farther, and ascertain if it

were sleep or not. I gave him about thirty grains of chloral hydrate in divided doses. He slept six hours, during which he was perfectly calm, affording no intimation of his previous phenomena. I aroused him from sleep, and in a few minutes he was again in his revelries. Such in brief was the case at my first visit. Not satisfied with my course, the friends of the lad sought further advice. Another medical man was called in—he had a name at his tongue's end—hysteria was the disease; said the lad manufactured the most of it, and gave directions not to encourage the little fellow in his trantrums.

This opinion got the poor little fellow into bad grace, and, but for the discretion of kinder hearts—who noticed that by no effort could he avoid it, and that he was wholly unconscious of his sayings and doings, other than being told afterwards, he would perhaps have wanted necessary attention. I lost sight of him, until about four weeks since, when having a call to the house where he then was, I was requested to examine him again. The lad had improved materially, but was by no means free from it. Whenever placed in an easy position—in quietude—he gradually passed into the same state. Accordingly he was directed to lie down, to rest before dinner—in a few minutes he got into the peculiar state mentioned above. He breathed stertorously as before, but they had found that if his shirt was loosened he would immediately stop,—taking the hint, I loosened the shirt collar and found the statement correct. I practiced pressure on several portions of the body and noted down the results.

The great sciatic nerve was first manipulated, and the moment pressure was made, the leg was stretched and stiffened like a pole, each repetition produced the same result. I then placed my thumbs on the supra-orbital foramen, right and left alternately, and instantly the mouth was drawn towards the side pressed—pressing both at once the mouth was drawn to a funnel shape, with the tongue protruding and rapidly passing from side to side. The Infra-orbital was the next point, but no external muscular action took place; on pressure, an invariable attempt to pronounce the monosyllables, “yah, ah, or yes” was made, I tried the mental foramen, but found no response, perhaps I missed it. The right ulnar nerve was manipulated, it excited him to cough, as tho' some foreign body had fastened

in the trachea, the same earnest attempt to get something out of his throat was the result of pressing this nerve. The left ulnar, however, produced no such phenomenon, but instead the lad would begin to kick most violently. Pressure over the region of the carotid artery on one side, caused the body to be thrown into a wriggling kind of motion, with the head inclined towards the side pressed—on both sides the inevitable stertor in the breathing was produced. Pressure on the dorsal vertebrae would cause him to speak. I placed my hand on the occipital bone and instantly the half somersault was produced. Although lying on his back, this motion was quick and certain, the whole body being thrown forward; by placing the thumbs on or about the coronal suture, above the superciliary ridge, the pain seemed to be intense, uttering a kind of muttering groan, out of pity you instantly desist. Grasping the foot, and placing the thumb over the instep, he at once commenced to manipulate the dumb alphabet on his fingers, which under ordinary circumstances, he is entirely ignorant of. I enquired particularly about this, and was informed that when a very little fellow he saw a deaf and dumb lad performing; I tested his knowledge in every possible way, by repeating the letters made by him on my own fingers, but all seemed a blank.

This phenomenon so interested the little folks of the house, that while I was examining other parts, they would grasp Johnny's foot to see him make the letters. The cranial nerves, right and left, seemed to be alike impressible, and produced similar phenomena, but not so with the nerves of the extremities, the right having excess of sensibility. Perhaps the most interesting point of all is, that if you press on the squamo-parietal suture a little posteriorly, he recovers instantaneously. rubs his eyes, acts a little strangely and goes about his business as if nothing had happened. I might add that any two or more of these phenomena might be produced at the same time. The features during the paroxysm are much flushed, and the slightest touch on the cranium produced the results named.

I think, certainly no blame can be attached, if I can not place it under any specific name in Medical Nosology. Is it hysteria?—not in the popular sense of that term I think,—that it is some exalted state of the nervous system, I am free to admit, but the phenomena of hysteria, compared with this case, very naturally preclude the conclus-

ion. It is doubtful whether unconsciousness ever exists in hysteria, but in this it is complete, in the former memory can generally supply the patient with facts transpiring during the fit—but in this case it is a complete blank. In hysteria, the patient, if sleep be induced is released from the fit, and so likewise in this case, but reverse the matter; my patient when awake has perfect control over himself, and it is only in a semi or middle state between sleep and wakefulness that the paroxysms take place. Then again the extraordinary action produced by pressure on the respective nerves are so diverse from those of hysteria generally, that until further convinced, I shall not place it in that category. Is it mesmerism or clairvoyancy? Not having given these branches my attention, I can only say as to the former, that my patient did not require a second party to put him in that peculiar state, and that whilst he is in it, he responds to nothing you say, as to the latter a similar reply might be made, there is no communication between the patient and the party examining, as I understand there is in clairvoyancy.

Having read the articles "on the Phenomena of Life, maintained and controlled by two antagonistic principles of innervation," I thought if the learned doctor had this patient to experiment upon he might have elucidated his subject more clearly than he has. That the cerebro-spinal nerves were easily excited in this case was easily demonstrated and could I have tickled the sympathetic centres, I would have done so, but alas, there is a limit to all experiments. When I pressed on the squamo-parietal suture, and the little fellow stared me in the face so instantly, I began to think I had found one of the doctor's antagonistic nerves, but then I had no recollection of sympathetic centres outside the skull, and so I remain in blissful doubt.

I think I am to be pardoned if I cannot satisfactorily explain such strange phenomena, and delineate the relation of the nerves of the elbow to the throat, or those of the feet to the hands, or those of the occipital region to the action produced, &c.

I therefore will not attempt further remarks, than to say, that my belief is, that it was a nervous lesion brought about obscurely, and manifested first by the appetite, the pain and subsequent phenomena.

May 11th, the lad is nearly well; having by way of experiment, last time I saw him, prescribed large doses of Ferri Carb, it has succeeded admirably. In passing from wakefulness to sleep, and contra, none of the freaks are noticeable, and his friends are much pleased at the result.

PROCEEDINGS OF THE MEDICAL SOCIETY FOR
MUTUAL IMPROVEMENT.

ST. CATHERINES, Oct. 17, 1871.

Dr. Comfort in the chair.

In the continuation of the discussion upon Pelvic Cellulitis Dr. Mack wished to state that peri-uterine inflammation of the connective tissues was frequently brought under the notice of Gynæcists from the use or abuse of sponge tents and intra-uterine medication generally. If the early indications of this disease were recognized and treated intelligently they were manageable, and suppuration might frequently be averted, yet it must be confessed that cases occurred in which pyogenesis appeared to be inevitable. When the symptoms present themselves, frequent vaginal examinations are called for. To promote resolution, the hip-bath at from 85 to 90 for 20 minutes, increased in duration slowly up to two hours and followed by friction has proved to be valuable; leeching the Cervix, cupping the sacral region, fomentations, rest, the bromides, and keeping the rectum empty by gentle measures so as to prevent accumulation of fecal matter, emollient enemata per rectum and vaginam are valuable. When suppuration appears to be inevitable vesication of iliac and sacral regions is expedient, and as soon as the exploring trocar has demonstrated the existence of pus, it should be withdrawn by the aspirator. Dr. Mack gave the history of several typical cases.

Dr. Goodman mentioned an instance where a lardaceous mass had been discharged per rectum, apparently a fatty tumour which had in this way been got rid of. From first to last about two quarts of fatty substance had been voided. A pre-existent pelvic tumour disappeared after the evacuations.

Dr. Oille wished to know what end was attained by Sims' operation of bilateral division of the cervix uteri, as far as relieving dysmenorrhœa was concerned. Dr. Mack replied that relief of dysmenorrhœa was by no means the only object of that operation, he had performed it a great number of times and although the operation had been called in question he had seen no instance in which he had found cause to regret having joined the ranks of the "womb-splitters."

Dr. Goodman reported a case of diabetes, apparently consequent upon a severe injury. As the patient recovered from the immediate effects of the accident, diabetic symptoms became manifest until eight pints of the characteristic urine were voided daily. The treatment consisted of vapor baths, pepsine to remedy the indigestion, and other usual measures, resulting in complete recovery.

Dr. Mack spoke of an intercurrent form of Diabetes observed in gouty subjects, where great mental exertion was made frequently. In this modification of the disease both the glycosuria and dysuria yielded to treatment, he had known one case of this kind, extending over twelve years. Professor Rochester of Buffalo, related to him an unfortunate trial of the skim milk treatment. The patient grew rapidly worse under the regimen, took early to his bed, and sunk from the disease in a manner that showed the treatment had no influence for good.

Dr. Comfort mentioned a case, treated by small doses of Morphine at regular intervals, persevered with, for about four months and terminating very satisfactorily in convalescence, although the quantity of urine, passed in the twenty-four hours had reached as high as eight quarts.

December 12.—Dr. Mack in the chair.

The chairman said he would occupy a portion of the time this evening, in describing his experience of the manœuvres for dilating, incising, and dividing the cervix uteri. About twenty-three years ago, he commenced with the use of bougies as recommended by Mackintosh, to relieve dysmenorrhœa from obstruction; he had, after this fashion, attempted in many and various ways to effect dilatation of the canal of the cervix, and he could not now recall any very encouraging results. Sir James Simpson's metallic dilators were next employed, with better effect; then sponge-tents, or the tents and different dilators occasionally, between the employment of the sponges; laminaria &c. These procedures proved to be serviceable occasionally in relieving dysmenorrhœa, and sterility, and facilitating local treatment. Intra-uterine galvanic pessaries, following the enlargement of the canal and retained for a few weeks proved to be a great improvement, obviating obstructions, gently stimulating the interior of the uterus and remedying ante-flexion, yet there

still remained a *hiatus valde deflendus*. The conviction was ere long forced upon him that unlike the urethra a very large number of cases existed wherein this conduit must be split by some means and subsequent measures adopted to insure a proper degree of permanent patulency; for this end, he adopted the bistoure caché of Simpson, subsequently Dr. White's Uterotome. From this moment, success began to dawn upon his efforts and after experimenting with each and all of the various methods for incising the cervix, he finally settled upon the plan of Sims in all its minutiae of operation and after treatment, as the best operation now known, to relieve a constricted condition of the the os cervix and to relieve effectually and promptly a vast number of cases of inflammation sub-acute and chronic and congestions of the cervix and body of the uterus when a free opening does not already exist. After this manner, he had operated, certainly more than one hundred times, and he could not recall to mind a single instance of having to regret the act, while it has been followed in many cases with brilliant success, and there are now many human beings living who would never have seen the light of day, had the operation been omitted.

The systematic works of Dr. Marion Sims, and Dr. T. G. Thomas, describe the operation most graphically and succinctly; he had only to add, that he had generally found it a very difficult matter to improve upon Sims in any of his operations. He often preferred, when it is necessary, to incise the os internum to effect his purpose, with an uterotome, invented by Dr. White of Charleston. After using the scissors he divided the cervix as much as he considered safe and necessary, with Dr. Emmetts knife. The operation thus performed, is safe, effectual, and after a little practice not very difficult, but it must be firmly borne in mind that to ensure success, subsequent treatment should be persevered in for at least three weeks. On this account, it is not advisable to perform the operation at a period exceeding three days from the completion of a menstrual epoch, to regularly apply the dressings for the prevention of re-union of divided tissues, and to promote cicatrization of the cut edges and to adopt every measure to obviate peri-uterine hæmorrhage, inflammation or septicæmia. After the healing process is completed, he had in several instances, used a sea-tangle or sponge-tent, after each alternate menstruation twice or thrice.

The operation has failed to relieve the symptoms for which it was intended, in perhaps from four to five per cent of the cases. How many operations are there in Surgery for which more can be claimed? He had only met with two cases of hæmorrhage following the operation; one occurring five or six days after, and he was inclined to think caused by too much force in drawing down with the tenaculum, while introducing the cotton pledget, soaked with glycerine for the purpose of obviating more of the line of incision. They were both easily controlled. One severe case of pelvic abscess occurred in a woman who had not perfectly recovered from Gonorrhœa, or who had not been entirely free from that disease for many months, a circumstance unknown to him previous to operating. One case of pelvic cellulitis, which yielded speedily to treatment. In two or three instances pretty sharp surgical fever occurred, within the first five or six days after the operation.

In operating with Simpson's or Greenhalgh's instrument he had met with hæmorrhage, much more frequently. Pelvic cellulitis has also followed mechanical dilatation, more often than incision of any kind. Septicæmia is frequently prevented by dressings of Glycerine, Carbolic Acid and appropriate constitutional measures.

As to the cases demanding the operation, those which were positively benefitted by it, were dysmenorrhœa from cervical narrowness, with or without chronic inflammation of the mucous or fibrous tissues or ante-flexion and induration, this last condition disappears very speedily or yields promptly to treatment, by blistering, Collodion, Iodide of Bromine, or small issues, with Pot. cum calce after recovery from the operation, to check the growth of sub-mucous or interstitial fibrous tumours and to relieve the hæmorrhage resulting from the same.

By the advice of Dr. Thomas of New York, he had lately operated by removing a quadrilateral portion of the posterior lip and segment of the Os and Cervix in a case of Ante-flexion with induration. The operation was performed by the aid of a cutting pliers which he placed before the Society, sent to him by Dr. T. for the purpose. They would perceive by introducing one blade of the forceps into the cervix, a piece of the organ about $\frac{1}{2}$ inch in width can be removed by the knife, the full

length of the vaginal portion. This operation was not painful no hæmorrhage followed; very little after treatment, compared with that required in bilateral division, was found necessary, and recovery with a patulous os was complete. In about three months after the operation, the lady wrote him that the result had been most satisfactory to her in relieving a variety of distressing symptoms. It remains to be seen whether any effect will be produced upon the sterility. The relief of pain which often follows complete division of the Cervix, has led him to believe that cutting across the sensitive nerves is in this case like prompt relief afforded from a similar operation for Vaginismus, followed in the same way by persistent dilatation. Do we not also, see something analogous in the successful treatment of fissure of the of anus by incision followed by the introduction of bougies.

He had thus briefly given a summary of his experience with regard to the operation of division of the Cervix uteri and he could only add in conclusion to what he had already said in its praise that the advocacy of incision by Sir James Simpson as well as dilatation by tents remain as contributions to our art of the greatest value, while to Sims is due the credit of perfecting the operation to the highest degree.

Tuesday, Jan. 2, 1872.

Dr. Sullivan wished to call the attention of the Society to the subject of Cholera. He said that he was not prepared to give a full record of its causes and history, symptoms or treatment, neither to throw light on the subject by any new suggestions, as to its cause or treatment, nor to cite cases from actual observation but rather that an opportunity may be given to older members of the Profession, to give their views, which if not derived from experience in former epidemics would, he was sure, be of very great benefit to the younger members, from the mature and enlightened thought which they may bring to bear upon the discussion of any matter, and thus that we may be the better able to meet this dread visitant, which has happily only made a temporary sojourn with us perhaps fortunately to warn us of a more permanent stay next summer as well as to teach us some useful lessons. 1st. As to its prophylaxis, Sir J. Y. Simpson strongly advocated isolation in Small-pox, and also in cholera.

There can be no doubt, he thought that an efficient Quarantine was of the first importance, and he hoped that late investigations would cause the executive to provide the proper officers, and ample means to insure as strict a supervision as that which has been so successful in New York. The central board should select Physicians and nurses and distribute copies of well-prepared rules to local boards, especially along the route of emigrants to the west, so that infected localities might be strictly isolated.—Of course the hypothesis of contagion is fully admitted by this line of action, and he was inclined to believe with Dr. Watson, that it is at least portable, as proven in the case of "The Franklin." The many striking exceptions may be easily accounted for, from absence of pre-disposition, or lack of susceptibility, this exception he had frequently witnessed in the attendant on those sick with the small-pox.

This susceptibility arises from the same causes in most infectious or contagious diseases such as intemperance, insufficient or unwholesome food, bad ventilation consequently we found Cholera making its most frequent raid, upon the poor living in the confined lanes of large cities. There were a good many other causes given by writers, which to his mind had very little to do with cholera except as by weakening the body, they might excite all diseases, such as irregularity of diet, unripe fruit, exposure to night air and one which seems to be exciting more than usual interest just now as a cause of enteric fever, that is, paludal exhalations and animal effluvia, which are frequent in a great many places at various times, yet do not produce epidemic Cholera every summer, or Typhoid in mid-winter. He had also always looked upon this latter disease as an epidemic arising from a specific poison, propagated by means we cannot explain; not by a tainted atmosphere, but requiring actual contact, and the conditions of impaired health, commonly called predisposition.

In the swamps of Bengal and throughout the thickly populated countries of Asia, the Barbaric mode of life in close and filthy huts, and want of personal cleanliness may change an ordinary type of diarrhœa into a specific or epidemic form of disease. He held to the belief that it is the same disease described by Hippocrates and other ancient writers, but many state its origin in 1817. After a lapse of fifteen years, it made

its appearance in 1832, in this country. Its more rapid course in 5 or 6 visits subsequently may be attributed either to its never having completely left our populous cities, or its more swift transmission by the modern modes of travelling.

The theory as to pathology is that the poison produces its primary effect on the stomach and alimentary canal and secondarily through the ganglionic system thence to the spinal nerves, marrow and brain producing debility and congestion of the viscera and finally alteration of the blood.

With regard to curability, he believed that when the multiplicity of remedies was so great, the chances of cure were proportionately small. We have in cholera the most diverse remedial measures recommended, beginning with emetics and ending withdrastics. It is hard to conceive how vomiting and purging could be relieved by full doses of Sulphate of zinc, tartic emetic, calomel, rhubarb and aloes.

It has been proposed to supply the drain of serum by a free supply of albumen, chloride of sodium, and carbonate of soda.

Opium has been condemned for embarrassing the cerebral functions and causing wakefulness, still it must prove useful to allay spasm and pain, and combined with astringents, and sedatives, he thought should not be lightly condemned. Effervescing draughts and iced lemonade allay thirst, turpentine stupes, sinapisms, friction with capsicum over the surface and hot packing are expedients of promise. If the lungs, liver or kidneys were seriously embarrassed he should try dry cupping. Electricity might be useful, and perhaps scruple doses of Ipecacuanha.

Dr. Goodman thought that the specific disease was not easily diagnosed from some of the most severe forms of cholera-morbus. Dr. Mack stated that the physiognomy of the disease was very characteristic, the fuliginous aspect, stridulous voice and shrinking of the integuments were such as he had never witnessed in any other epidemic.

In the treatment of the cholericine accompanying the prevalence of this malady the sol. of the persesqui-nitrate of iron first brought under the notice of the profession by Dr. Kerr had proved efficacious in the highest degree, in his hands. The remedies he had placed the greatest reliance upon in the last epidemic were camphor until full reaction was established, then calomel, opium and creosote, and he should now feel inclined to give a faithful trial to Dr. Chapman's spinal ice bags.

House to house visitation appeared to him the wisest of all measures. along with the most stringent hygienic regulations for stamping out or mitigating the epidemic after its invasion.

Selected Articles.

EXCISION OF THE ULNA, INVOLVING THE ELBOW.

The subjoined case is reported by Dr W. W. Miner. in the *Buffalo Medical and Surgical Journal*, October, 1871 :

William J. Leech, aged 32, residing on Carrollstreet, Buffalo, while employed as brakesman on the Lake Shore R. R., was, on the 6th day of November, 1869, caught between car-couplings in such a manner as to crush the upper third of the ulna, and to lacerate to some considerable extent the soft parts on the posterior parts of the fore-arm and immediately surrounding the comminuted ulna. The injury was received on the road some distance from Dunkirk. The physicians who were called at Dunkirk advised immediate amputation of the arm. The patient preferred riding to Buffalo, where he might obtain further advice as to the necessity of amputation. Though the injury occasioned somewhat remarkable comminution of bone, and some considerable laceration of the tissue, still it was found that the ulna was alone the seat of fracture, and that circulation and sensibility in the hand and forearm was not in any particular degree affected. The longitudinal opening in the integument was lengthened by incision so as to extend as far down as did the fractured bone. The upper and middle thirds of the ulna were removed by excision, while the radius was left intact. The limb was afterwards placed upon an angular splint whose obliquity was varied as was necessary. Though the shock of the injury was very considerable, still the attempt at the preservation of the limb gave the patient courage, which was a valuable adjuvant in his recovery. Carbolic acid water dressings were assiduously employed, and the cleansing of the parts with water was carefully and regularly attended to. Suppurative discharge was abundant, and to this, from the position of the wound on the posterior part of the forearm, there was afforded ready exit. Visits to the patient at his house were required for a period of six weeks, after which time he came regularly to the office, where the last dressing the case received was on the 29th day of December, only fifty-four days after the receipt of the injury. The result of the excision is a

most satisfactory one. The motions of the fore-arm and hand are admirably retained. The man is now at work in a stove manufactory in this city, and his employer states that he is able to notice no difference in the efficiency of this workman from that of his fellows. The case goes to show that injury to the bony structure of a limb, though it involves two-thirds the extent of that bone and implicates its articular extremity, is not of as serious consequence as if the same extent of injury involved an equal extent of surrounding soft tissue. This conclusion was very strongly affirmed by a case of contusion of the soft parts of the fore-arm of the same extent as that of fracture in the case already narrated, which also was without co-extensive contusion of soft tissue. The patient with simple contusion and without fracture died, while that with fracture unaccompanied with co-extensive contusion was at no time very dangerously ill. The maxim which seems to be in process of adoption by surgeons is:—*Never amputate a limb for simple injury of its bony structure.*

ARSENIC IN MENORRHAGIA AND LEUCORRHOEA.

BY DR. J. H. AVELING.

When these affections depend upon the presence of polypi, fibroids, cancer, etc., Dr Aveling thinks that arsenic is of no use; but when hyperæmia is the cause of the flow, arsenic, he believes, arrests the latter by curing the former. He says: Hyperæmia of the passive or atonic character is that which is most benefitted by the use of arsenic. The uterus, when in this condition, is larger and softer than in its normal state. It is usually tender to the touch, but not always so. To the eye it appears of a deeper red than is natural. After death, the capillaries are found dilated, and the tissues tinged with red. Unlike the color produced by inflammation, however, this redness can be removed by careful washing.

A patient coming to you with her uterus in the state just described, will, in addition to a host of other subjective and objective symptoms, most probably complain of the too frequent recurrence of the catamenial period, of the excessive discharge

at that time, and, in the inter-catamenial period, of persistent and distressing leucorrhœal flow. Now, in such a case as this, I should commence by administering two drops of the liquor arsenicalis, or one granule (one milligramme) of arsenious acid, three times a day, at meal-times. This dose I should continue for a fortnight. If, at the end of that time, no conjunctival irritation had displayed itself, I should increase the dose to four drops of the solution, or two of the granules; and then again, after another interval, to six, eight, ten, or even more drops or granules in proportion, watching the patient, and being guided by her tolerance of the remedy.

Besides the general effect of arsenic already alluded to, the first result of this treatment will be lengthening of the inter-catamenial period; and it is remarkable how this is sometimes extended, one or two days being only gained at a time. By persisting in the remedy, however, the interval will become greater until it arrives at its normal duration. Occasionally the progress is more rapid, and the proper interval is at once attained. Besides the improvement in this respect, the amount of the discharges will gradually decrease, and in like manner all the other hyperæmic symptoms disappear. I have found it necessary to administer large doses, and cannot remember ever having produced any of the premonitory symptoms of arsenical poisoning beyond that of conjunctival tenderness. I have been obliged, however, to continue the remedy for several months, and have had to recur to its use more than once when the hyperæmic symptoms have reappeared. In some cases an excessive leucorrhœal discharge has the effect of supplanting the catamenial. In these the cure of the former has the result of removing the amenorrhea.—*British Medical Journal*.

CHLORAL IN TETANUS.—M. Garnier (*L' Union Médicale*, November 14, 1871) referring to several cases in which chloral was used in the treatment of tetanus occurring in very young persons, says that it is in such patients that it will be found most useful. In a child thirteen years of age four grammes of chloral were given at a dose, with the effect of producing a marked amelioration of all the symptoms. A complete cure was effect-

ed on the thirty-fifth day, after one hundred and eighty grammes had been taken. In a child aged seven days, affected with trismus, chloral was dissolved in the milk of the mother, and injected into the child's nose during the paroxysms. Twenty-five grammes were thus administered, and on the ninth day the cure was complete.—*Philad. Med. Times.*

RUPTURE OF THE GRAVID UTERUS.

At the meeting of the Philadelphia Obstetrical Society reported in the *American Journal of Obstetrics*, August, 1861, Dr. A. H. Smith presented a specimen of rupture of the gravid uterus at the seventh month of utero-gestation, from gangrenous inflammation of its tissue. The patient at twenty-seven had been married eighteen years, and Dr. Smith had delivered her with forceps of her only living child eight years ago. She had not conceived since until the present time, and, when about six and a half months gone, she was suddenly seized, while in good health, with violent pain in the umbilical region, not attended, however, by collapse, and, Dr. Smith being absent from the city, she was placed under the care of a neighboring physician. On Dr. Smith's return, which was in a few days, he found that she was much prostrated from the severe pain, and had not felt foetal movements since her attack. The cervix uteri was thick dense, and non-patulous, and the pains had no effect upon it. The pain was quieted, and she was put upon tonics and stimuli, and for a few days seemed to improve, but soon passed into a condition of septicæmia. At this time it was deemed advisable to induce labor, but the rapidly increasing prostration prevented its accomplishment, and she died undelivered two days afterwards. On post-mortem examination the uterus was found in a gangrenous condition, the anterior wall ruptured near the fundus and the foetus and placenta, in an advanced stage of decomposition, were free in the abdominal cavity, their presence there having given rise to some acute peritoneal inflammation.

21

TREATMENT OF HYDRARTHROSIS BY ASPIRATION.

Dr Dieulafoy has recently published a pamphlet on this subject in Paris, in which he reports a number of cases both acute and chronic, traumatic, rheumatismal, and without obvious cause, in which aspiration of the knee-joint was practised with good result. The following are a very few of the cases given:—Double hydrarthrosis of fifteen day's duration, attended with great pain, in a man aged 47. Between the 26th of October and the 29th of November five operations were performed on each knee; the liquid reproducing itself so rapidly that in twenty-four hours 120 grammes of fluid would re-collect in each joint, and the pains, which would at first cease, would re-appear with the effusion. The application of ice was found efficacious.

Hydrarthrosis, of six months' duration, of right knee, without obvious cause, in a conscript. 35 grammes were taken out. The man then walked ten kilometres (about six miles) without suffering. Twelve days afterwards the liquid had reappeared, 40 grammes were evacuated, paintings with tincture of iodine were practised, and no further effusion occurred.

Rheumatic hydrarthrosis of the left knee, of eight days' duration, in a man aged 38. 70 grammes of fluid containing a large number of leucocytes were drawn off. Bandages were applied, and three days afterwards, the effusion having re-appeared, 45 grammes of liquid, containing fewer leucocytes, were drawn off. Two days after 30 grammes were evacuated; compression; cure after nine days' treatment.

The operation is performed as follows:—The piston of the aspirateur is drawn partly up, so as to form a vacuum, and the needle connected with it by means of a short caoutchouc tube, is pushed a little way into the tissue at the designated spot, and the cock of the aspirateur turned. The needle is then slowly pushed into the joint, and when the fine jet spouts into the cylinder, the needle is known to have fairly entered, and motion of it ceases. The aspiration is then continued until no more liquid can be obtained; no pressure is to be made on the joint. A drop of collodion is to be put over the little hole the moment the needle is withdrawn. A simple spiral or number-of-eight

bandage is then applied, the limb raised slightly, and quiet enjoined. If in twenty-four hours marked effusion has occurred the operation is repeated, if not, the pressure is re-applied. Dr. Dieulafoy claims that the operation is harmless, painless, and diminishes greatly suffering—shortening the time necessary for cure.—*Bulletin Gener. de Therap.*, Jan. 15, 1872.—(*New Remedies*.)

RESECTION OF THE ŒSOPHAGUS.—In the current number of Langenbeck's *Archiv*, Professor BILLROTH, of Vienna, contributes a most interesting and suggestive paper bearing the title, "*Ueber die Resection des Œsophagus*." He states that some time ago after a post-mortem examination of his first patient affected with carcinoma of the œsophagus, the possibility suggested itself of making a resection of this part of the alimentary tube. The fact that the lymphatic glands in the neighborhood of the diseased part are not generally affected, and the partial success which had hitherto attended the operation of œsophagotomy in the disease, together with the analogy of external urethrotomy in cases of gangrene or ulceration of the urethra, seemed to lend support to such an idea. The passing, moreover, of bougies through cicatricial tissue was far preferable to the manipulation of such instruments in a tube with ulcerated and weakened walls.

On April 21st of last year, a large dog was put under the influence of chloroform, and a piece, about an inch and a half in length, was cut out of the whole circumference of the œsophagus. The lower end of the divided tube was then fastened by a couple of sutures to the skin at the margin of the external wound. Up to the 26th of the same month the animal was fed with milk through a tube passed into the wound, but on and after this date the tube was passed *via* the mouth. A week after the operation the sutures were removed. By the end of June the fistulous opening had completely closed, and the process of healing would have been quicker if it had not been that the dog, like human patients, dissatisfied with "milk diet," purloined the more solid food of neighboring victims to science. After the closure of the œsophageal fistula, which took place at the end of June, the tube was daily dilated by a bougie of the diameter of

a large index finger. After the healing of the wound the dog was in capital condition, eating meat, potatoes, etc., but the variety of fare was not allowed to extend to bones. On July 26th the animal was killed with cyanide of potassium; and all that was found as a trace of the operation was an annular scar, scarcely half a line in width, and, moreover, easily dilatable.—*Lancet*, Jan. 6, 1872.

TYPHOID FEVER AND BOWEL HÆMORRHAGE.—At the Central Medical Society of New York, Dr. Weed lately presented a paper on the treatment of hæmorrhage of the bowels in typhoid fever, in which he referred to the grave complication of this hæmorrhage and its cure. It might be affirmed that in an exhaustive fever this system was an alarming one. It had occurred even in convalescence; various astringents had been recommended, but their operations were not always satisfactory. He gave the history of a case where blood was passing largely, and the prognosis was most unfavorable. The styptic properties of the oil of turpentine occurred to him, and he resolved to give it a trial; he gave tea-spoonful doses repeated twice in thirty minutes, and then in smaller quantities, as the cases seemed to require; several other cases of a similar and very severe character, in which turpentine had always been given with *complete success*, were related.—*Medical World*.

CHLORIDE IN PLACE OF BROMIDE OF POTASSIUM.—Dr. Lander has substituted the chloride for the bromide of potassium in the treatment of epileptics with a success which he declares to be identical. He begins with smaller doses, but doses of 75 to 105 grains daily have been borne without inconvenience for months in succession. He states that it is more active, one sixth of the price, and without the inconvenient secondary effects of bromide of potassium. He believes that in the stomach, bromide is converted into chloride of potassium, and that for many reasons it is desirable to administer it at once in that form.—*British Medical Journal*.

DECAPITATION OF THE FÆTUS BY BRAUN'S KNIFE.—Prof. Valenta (*Memorabilien*, March, 1872) gives great praise to decapita-

tion in case of shoulder presentation. In one case cited by him (*lococit.*) where twins were born, the second twin was found to be a shoulder presentation. As the uterus was strongly contracted round the fœtus. Dr. Valenta feared the use of force, but decapitated the fœtus, which was dead, by Braun's knife, and extracted in about a quarter of an hour under chloroform. In a second case where the child had been dead some days and the shoulder presented, the head was decapitated and the child extracted in five minutes under chloroform. Both mothers did well. In the third case of shoulder presentation the midwife had sent for the physician, but another midwife had come and given ergot of rye, attempting to turn unsuccessfully. This case was also rapidly delivered by decapitation; but the mother having been so maltreated by the midwife died in seven days. It seems to us that this operation ought to be more frequently practised in this country instead of turning.—*Doctor.*

GUARANA FOR SICK-HEADACHE.—Dr Wilks, of Guy's Hospital, draws attention to *guarana* as a remedy for sick headache, and at the same time asks for the experience of those who may already have some acquaintance with the drug. His own knowledge of it dates about two years back, when, after the appearance of his lecture upon sick-headache, Mr. Helmcken, of British Columbia, sent him two powders, which he recommended as able to cure the complaint. He said that, having heard much of the remedy, "I resolved to try the medicine upon one of my patients who was always coming to me with sick-headache; and sure enough it acted like a charm; and in place of suffering for twenty hours or so, the headache had disappeared in a couple. This accords with what others have told me." Dr. W. tried the powder, but with only doubtful effect. Lately he received a letter from Dr. Wood, of Montreal, in which he also recommended "*guarana*" as a remedy for headache, and gave a history of his own personal sufferings and the relief which he had obtained. He says: "By taking one of these powders and remaining quiet when I have felt premonitory symptoms by a beginning of pain always in the right temple (headache on the other side, or in any other part of the head, I never mind), I have warded off the attack; and, with the first box absolutely put it off for two months—something which had never occurred in my life before." Dr. W. then recommended *guarana* to several patients and friends. One lady speaks most enthusiastically of its power, as she has now, on two separate occasions had her headache arrested by its use. The drug has long been known, for

mention is made of it in English and French pharmacologies, but appears never to have come into general use. It consists of the seeds of a tree growing in Brazil called *Paullinia sorbilis*: and these, according to Johnstone, in his "Chemistry of Common Life," are used as we do cocoa. The seeds are ground into power, and contain an alkaloid which is said to be identical with that found in tea and coffee. The medicine is manufactured by Grimault and Co., No. 7. Rue de la Feuillade, Paris.—*The Doctor*.

PROF. BILROTH AT MANNHEIM IN A DESPERATE CASE OF WOUNDED ARTERY.

The following interesting but most melancholy case, which occurred at Mannheim, is translated from the *Berliner Klin. Wochenschrift*:

A German officer of the Cuirassiers, young, handsome, and strong as the war-god himself, had been wounded at the battle of Gravelotte, Aug. 18th. The ball had entered immediately below the middle of the right clavicle, and passing backwards perforated the scapula in the supra-scapular fossa, close to its spine. A piece of his cuirass had been carried in with the ball, but was extracted at the first hospital to which he was taken. The wound was healing well and the patient was on his journey home. On the 6th of Sep. (19 days after receipt of the wound) as he was sitting at dinner in the hotel in Mannheim, he was suddenly seized with hemorrhage from the wound in the back. Dr. Stephani was summoned, applied a temporary dressing, and removed him to hospital, where, in spite of prolonged compression of the subclavian artery, carefully applied, compressive dressings to the wound, the use of ice, and absolute rest of the patient, the hemorrhage continued. He grew constantly paler, and by the morning of the 18th it was evident that some more decisive action must be taken. On removal of the dressings the blood gushed out of the posterior wound; the anterior one did not bleed. It was evident that the blood came from behind the perforated scapula, but whether from the subclavian artery or a large branch of the same could not be told. As digital compression of the subclavian (which arrested the hemorrhage) could not be borne long enough to be of permanent benefit, on account of the severe pain it caused; as plugging the wound with and without solutions of iron, had proved futile; nothing remained but ligature. But to apply a ligature in the wound implied a previous partial resection of the scapula. The hole through this bone being so near to its spine would also have necessitated extensive separation of the attached muscles. I have witnessed extirpations and extensive resections of the scapula done by the master-hand of M. Langenbeck,

and have thus convinced myself of the difficulty of the operation and the loss of blood it necessarily involves. I may therefore be pardoned for not having undertaken it in the present instance, with the chances there were of having the patient, already well nigh bloodless, die under my hand. It was determined to ligate the subclavian artery above the clavicle, at the well-known *locus electionis*. Dr. Stephani conducted the operation most successfully; as soon as the ligature was applied the hemorrhage ceased and never again recurred in the bullet wound. But, as early as the third day after, a profuse arterial hemorrhage occurred at the point of ligature. It was during the night. The assistant on duty, Dr. Gersuny, was at hand immediately and made the necessary pressure; on my arrival Dr. Stephani was also present. The confidence of the patient in my ability to help him was unqualified. As I entered the door he cried out, "thank God, I am saved!" The words cut me to the heart, for a glance at the situation showed that probably we were powerless to help him. The only thing possible was the application of another ligature in the wound, but as soon as the controlling finger was moved, or lessened its pressure, the blood burst forth with prodigious violence! The former ligature was still in position. I thought we might lift the vessel out by means of that, seize the two ends and tie them. It was attempted, but in vain. The patient, though possessed of wonderful endurance, could no longer bear the pain of the pressure needed to control the artery. So now we had added to our other anxieties that of administering an anæsthetic to this anæmic man. Had not all of my assistants on this occasion supported me with rare faithfulness and ability I should never have succeeded as I did. Dr. Stephani compressed the artery, Dr. Gersuny gave the anæsthetic and handed the instruments; the remaining assistants were nurses.

Evidently my only course was to make room for ligature of the central portion of the subclavian, or for compression of the same and ligature in the wound. I therefore divided the integument over the clavicle, detached the clavicular portion of the sterno-mastoid muscle, and then introduced my finger into the depth, in order, if possible, to get behind the scalenus anticus, and there compress the subclavian with the left hand, while with the forceps in the right I should seize that portion of the artery cut through by the previous ligature. As I was carefully and laboriously feeling my way down, a sudden gush of dark, venous blood welled up about my finger. I at once realized that I had been so unfortunate as to tear the thin walls of the internal jugular vein, as if more complications were needed! I succeeded, however, in quickly seizing the vein with the forceps, tied it above and below, and cut through in the middle. Now, the scalenus anticus was before me; with my forceps I tore it partly free from its attachment to the first rib, and then, at last, I saw the subclavian artery lying full in view! It was promptly seized and ligated. As I removed my finger from the wound, the peripheral extremity of the vessel oozed

slightly. To make things sure, I tied this also. The entire affair had occupied three-quarters of an hour, and we had at least gained a few hours of life. By the application of heat, the free use of champagne, etc., we succeeded in restoring our patient to entire consciousness and reason. He appreciated fully that he had not long to live; comforted his weeping sister; spoke of his fallen comrades, and the great results this war was to accomplish for the German fatherland; thanked us all in the heartiest manner for our efforts to save his life; commended his soul to God, and died like a hero!

Whoever spent that night with me will never forget it. Seldom have I so desperately struggled with the grim destroyer for a human life! Grimly he withdrew for a few hours. But he had touched his prey, and knew full well that science could not long defraud him of his own.—*Kansas City Medical Journal*.

TREATMENT OF
COMPOUND FRACTURES OF THE LEG, AT BELLEVUE
HOSPITAL.

BY THOS. K. CRUISE, M.D., (LATE HOUSE SURGEON.)

Suppose that the ambulance has brought to the hospital a young man who has just been run over with a car. A tourniquet has been applied to the femoral; the bandage around the leg and the oakum in the fracture-box are stiff with blood, and the ambulance surgeon thinks that the anterior tibial has been wounded.

You have a bed ready, which, when possible, it is best to have of springs for its upper half, but below, a thin horse-hair mattress must rest directly on boards. The man will have to pass many weary weeks on that bed, so make your mind easy by horse-hair and springs above—as a prophylactic against bed-sores, but there must be no inequalities where the extremity is to rest, so you use boards below. A rubber-cloth protecting the sheet where the leg is to lie, the patient, fracture-box and all, is carefully lifted upon this bed. The man is in good flesh, with firm muscles, uses alcohol very exceptionally, and is free from constitutional taint. He has bled freely, but the pulse is strong, and shock of minimum amount. The trousers are cut away and bandages slit up, discovering a state of affairs such as to make of amputation or conservatism an open question. The decision

must be made at once, for though you would not amputate to-night, the dressing is not to be delayed till morning, lest swelling defeat the intention. Here is a wound—evidently made by that jagged projecting end of the lower fragment of the tibia—which commences at the seat of fracture just below the knee-joint and extends downwards two inches or more. Various splinters of bone may be felt in the wound, and perhaps a fissure running far down the shaft. Below, one or two inches above the ankle-joint, where the car-wheel has passed, there is a fracture of both bones, compound as to the tibia, of most difficult management, because of the sagging backwards of both the foot and the lower fragments, but presenting the favorable feature of non-invasion of the ankle-joint. I consider the fact one of the most signal triumphs of plaster treatment, that the feature of special odium in such fractures, for which so great a multitude of plans, both by extension and otherwise, have been suggested—the backward tendency of foot and lower fragments—never occasions a second thought after the gypsum bandage has been put on. There are ordinary ecchymosis and other usual symptoms in the supposed case. The man is young, does not want to lose his leg, and we certainly do not want to cut it off. Suppose, then, it is decided that he stands an equal chance of life whichever procedure is adopted, and the leg is to be saved if possible. Give chloroform if the man be timid, loosen the tourniquet, and wait long before you are certain that every bleeding point has been secured. Wash the limb, and shave the surface hair in the vicinity of the wounds. Then draw on the leg a flannel casing—preferably of closely-fitting thick drawers—and over the flannel where the wounds are, envelope the circumference of the leg by an annular ring of rather closely packed oakum wrapped in oil-silk or india-rubber cloth. These rings extend an inch or two above and below the margins of the wounds. Their purpose is to prevent the plaster roller from lying immediately over the wound, for if the contact was direct, or, what amounts to the same, if the plaster bandage was applied over the flannel casing only, the cutting a fenestra at the site of the wound would cause bulging of the tissues through the opening, resulting in blood stasis and great pain. By the band of oakum the edges of the fenestra are kept from appearing to constrict the leg—an appearance caused by

the freedom from the pressure of the plaster bandage enjoyed by the wound and that part of the leg corresponding to the fenestra. This is a very important point, and dispenses with the oft-reiterated objection to the treatment, that the tissues swell in the fenestra. Before applying this oakum wrapping, which may be looked on as a mould for the setting of the plaster, it is well to provide against the soiling of the flannel wrapping of the limb with blood, by slitting the material at the wounds, and temporarily dressing the latter with picked lint and a few turns of a tightly applied bandage. The foot having been encased in a bandage or any convenient material for preventing direct contact of the plaster and skin, and the leg having been brought over the foot of the bed, an assistant grasps the heel with one hand, holding the foot at right angles to the leg, and with the fingers of the other surrounds the lower point of fracture, thus acting as a temporary splint. Another assistant puts his fist in the popliteal space, keeping the thigh elevated and the knee-joint very slightly bent, whilst the other hand controls the upper point of fracture. Two other aids attend to the bandages, and stand ready to relieve the first. During this time there have been prepared eight or ten ordinary surgical bandages, or preferably of a lighter material, in the meshes of which have been sifted evenly and lightly a quantity of the best modeller's gypsum. One or two of these bandages have been placed in a bucket of lukewarm salt water, when they cease to bubble are squeezed dry, and, the extremity in position, are applied quickly and evenly in a single layer. The object of this preliminary bandage is to retain the fragments in position and coaptation while the rest of the dressing is applied. It is unnecessary to carry the first bandage above the knee or below the ankle. A piece of thin blanket, intimately rubbed with a quantity of plaster, worked into paste with water, is next folded into a triple layer, the dimensions, when so folded, being long enough to reach from the toes to the upper third of the thigh, and the width being equal to about four inches. This mass is applied posteriorly, commencing at the root of the toes, continuing down the plantar surface of the foot, up the back of the leg and thigh, in the popliteal space, and stopping at the upper third of the femur. The fingers of the surgeon mould this "*posterior support*" to the inequalities of the surface, and the re-

sult is, when set, a plaster *board* fitted accurately to all irregularities, holding the foot in position, retaining the bend at the knee to the comfort of the patient, and is the king of all splints. When the plaster is partially set, the rest of the bandages are wound round the leg and posterior support *en masse*, three or four layers being required, and the extent as before from the toes to the upper part of the thigh. After fifteen minutes the thing is "set," and the result of a half-hour's work is seen in an apparatus that, with its maimed contents, can be rolled from side to side, can be raised a foot or more from the bed and dropped again without giving a twinge of pain to a patient who had previously suffered when any one walked near his bed. The fenestræ are best cut before the plaster is dry, and there is scarcely any limit to the size of the openings that may be made—six inches square if necessary—so firm is the grip of the posterior support. In such a case as we have supposed an idea may be gained of how fragments are held by asking the patient to contract the rectus, when, no matter what the size of the fenestra, the fragments of the tibia will give no response to the muscular action. The comfort of the patient may be enhanced by elastic swinging of the whole.

Space compels me to forego the pleasant duty of signaling how the apparatus may be modified for certain exigencies, what wonders it is capable of in cases of knee-joint excision, necrosis operations, etc., and the details of many cases happily treated by it.

Lister's antiseptic dressing can be most advantageously used in connection with the splint, but, however the wound be managed, it is important to guard against the discharges soaking between the limb and the bandages, creating an atmosphere which would poison any wound. At each dressing cotton must be stuffed under the margins of the fenestra before syringing, and fresh cotton covered with oil-silk after the same operation. Good drainage must be secured, and oakum is by far the best material for absorbing discharges.—*Medical Record.*

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, JUNE 1, 1872.

CANADIAN GRADUATES.

The April number of the Canada Medical Journal, contains a stricture on an article published in the April number of the LANCET, in reference to our recommendation to the Ontario Medical Council, to remit the examination to Canadian Graduates who have passed an additional examination, before the College of Surgeons or Physicians in England or Edinburgh.—We have not had an opportunity to reply to this, until the present, owing to the fact that the April number of the Canada Medical Journal, did not come to hand till some time in May. Our co-temporary seems to have got on the wrong track, and to have entirely lost his way. We do not advocate the remission of examination to graduates of British Colleges as such; but to *Canadian Graduates*, who have received additional clinical instruction and additional honors, to those already so nobly earned in Canada. Neither have we attempted in the least, to "belittle our own institutions; far from it. On the contrary we quite agree with our co-temporary in the statement, that "medical studies are as faithfully pursued and taught with us, as abroad," and that "Canadian Graduates will compare favorably with those of British Colleges." But it must be remembered that the facilities for Clinical instruction in England, are much superior to those in Toronto or Montreal—and when we bear in mind, that all Colonial Graduates, are compelled to spend one year in a metro-

politan Hospital, before their admission to examination at the College of Physicians or Surgeons, London, we must acknowledge that these men are better qualified, than those who have not had such opportunities. This, too, is very expensive, so much so, that few are able to afford it. There is no desire to compel students to adopt this plan, as our co-temporary seems to think, nothing of the kind, no need to "close Canadian schools and cease Medical education entirely." We might state for the benefit of our co-temporary, and those who oppose this measure that members of the Royal College of Surgeons and Physicians, who have registered in England, are legally qualified to practice, in any part of Her Majesty's Dominions. The only obstacle in their way, here, is that they cannot hold any public office, such as Coroner, or sign a certificate to commit a patient to the Lunatic Asylum, and the Council may refuse to accept their certificates with reference to time spent by students, in the pursuit of Medical studies under their supervision.

It is because we think that *Canadian graduates* who have received such additional Diplomas should have some advantage over mere outsiders, that we have taken this matter up. We have not done so hastily, we have given the subject some careful thought, and we know "whereof we speak." Our cotemporary says "the whole article in the *Canada Lancet* grates unpleasantly." Aye, there's the rub. We all remember the opposition that he and his friends brought to bear against the Ontario Medical Bill when it was submitted to the Local Legislature and we have reason to apprehend that a little of the old leaven has been the occasion of this fresh outburst.

In refutation of the charge that we desire to "belittle" our own institutions we refer him to the last paragraph in our leading article in the May number of the *Lancet*. We think the reference to the letters which the Editor of the *Lancet* has the honor to append to his name, exceedingly silly, and has as much to do with the question under discussion as the Goodwin Sands with the Tenterden Steeple. In conclusion, we trust for the honor of Canadian journalism, that the future criticisms of our co-temporary may be characterized by fewer vulgarisms and couched in more temperate and becoming language.

DISINFECTION OF THE BODY.—The subject of disinfection is one of very great importance, but nevertheless one which has not received that attention which its importance demands. The employment of a little chloride of lime, or a weak solution of permanganate of potash, sprinkled on the floor of the sick chamber or in the bed pan or thrown down in the privy, is about all that is ordinarily done and this not unfrequently in the most perfunctory manner. Even in cases where great care is exercised and the process of disinfection more completely carried out, it is limited to the clothes, furniture rooms, &c., the original source of the infectious matter—the living subject, being entirely overlooked. In some institutions the convalescent from any infectious disease is bathed regularly every day for a week or two before being dismissed from the Hospital. This is a very wise precaution and one that could be made much more certain in its effect, by the addition of a weak solution of permanganate of potash or carbolic acid, to the bath.

Dry heat at a high degree of temperature is the most reliable and trustworthy means of disinfecting inanimate substances, such as blankets, clothing, &c., and this can be readily done by heating them in an oven or place for the purpose. A temperature of between 200 and 300 degrees continued for several hours is sufficient to render inert, all contagious matter which exists in articles of clothing, &c. A writer in the *British Medical Journal* for Feb., 1872 asks if the exposure of a living being to the above temperature would be sufficient to disinfect the cutaneous surface? or can the contagious principle on the surface of the body be raised to the required temperature? The above amount of dry heat can be borne with impunity by the living subject for a short time; but it will not be sufficient to destroy the contagious matter. It is well known that the evaporation which takes place under such circumstances is sufficient to keep the surface of the body cooled down to the normal standard, and hence no disinfectant effect would be produced.

Although high temperature cannot be made available in destroying the contagious matter on the surface of the body, much may be done by cleansing the body by means of disinfecting baths and the use of the flesh brush. The clothing also should be frequently changed and thoroughly washed and disinfected. Such means when properly carried out will go far to prevent the spread of infectious diseases. They are easily attended to, not expensive, and should in no case be neglected.

LOSTORFERS SYPHILIS CORPUSCLES.—This interesting subject is still under investigation. In the *Medical Record* for May are two letters in reference to this matter, one from Dr. Bumstead and another from Dr. Bronson of New York both of whom are at present in Vienna. These letters will be read with interest by the profession on this side of the Atlantic, not only on account of the discovery which Prof. Wedl says "if true is of little less importance than the discovery of a planet," but also from the well known reputation of these gentlemen, and on account of the favorable circumstances under which they are pursuing their investigations, having free access to the laboratory of Prof. Stricker, where Dr. Lomotorfer's experiments are being carried on. The committee appointed to investigate the subject has dissolved declaring the question as one which can only be solved by personal investigation. These corpuscles have also been found in the blood of lupus patients, and the question naturally arises as to whether or not lupus is a syphilitic affection.

Prof. Wedl in his report read before the Society of Arts, Vienna, expressed his belief that these corpuscles were identical with fat globules, or probably bits of protoplasm. Few of the critics, however, support the opinion of Wedl. Dr. Lomotorfer states that on the addition of acetic acid to the blood the syphilis corpuscles shrink and finally become indistinguishable, while bits of detached protoplasm are dissolved under its action. Iodine has no effect upon them, and osmic acid fails to turn them black, hence they cannot be fat globules.

Both these writers in the *Medical Record* also refer to the paper by Prof. Salisbury of Ohio, published in 1868, in which reference is made to similar bodies found in the blood of syphilitic patients, and if it should prove that they are identical with Lomotorfer's Corpuscles the honor of priority in the discovery will undoubtedly belong to Prof. Salisbury.

The latest accounts regarding this important subject are to the effect that Lomotorfer's corpuscles have been found by Prof. Stricker in the blood of tuberculous and carcinomatous patients that have never had syphilis; also in a case of morbus Brightii. The conclusion is evident, therefore, that the presence of these bodies is due to impairment of nutrition and the cachetic state of the patient, and not to the existence of syphilis.

HOSPITAL OPERATING DAYS.

We would most respectfully desire to call the attention of the proper authorities to the propriety of appointing certain days for the performance of surgical operations at the Toronto General Hospital. During the past month several most important surgical operations have been performed; but as they were done on different days, many of the Students in attendance and others who might wish to be present were not aware until afterwards that such operations were in contemplation.

The students in attendance pay for the privilege of witnessing the surgical practice of the Hospital, and should be made acquainted with the days and hours for such operations. In all the London Hospitals certain days are set apart for operative surgery, and students know when to expect them to take place. True there are some cases that cannot well be postponed to a certain day, but it is equally true that the great majority of cases in Hospital practice are of a chronic nature, and can as well be performed on one day as another.

Why cannot Saturday at one o'clock be named as the time for all operations to be performed not of a very urgent nature? Everything could be in readiness for that hour and thus much time would not only be saved to the surgeons in attendance, but be a source of great convenience to all those interested in such matters.

We have thus drawn attention to this matter in the interest of the Medical Students who pay for the privilege; in the interest of the Medical Schools, because they suffer from any imperfection in reference to Hospital advantages afforded students in attendance at College; and also in the interest and for the benefit of the attending surgeons themselves. We hope that some active steps will be taken and such arrangements made as will be conducive to the general interest of students and others, and the welfare of the Medical Schools in Toronto.

APPOINTMENT OF CORONERS.—William E. Johnston, township of Haldimand; George W. Wood, M.D., Delhi; Hugh M. McKay, Woodstock; William Noden, M.D., Roseneath; Dr. Bredin, Milford, and Dr. Beaton, Stayner.

MEDICAL ELECTIONS.

MEDICAL ELECTIONS. MIDLAND AND YORK DIVISION. — Dr. Agnew is out for re-election in this Division, and his address will be found in our advertising pages. There will probably be no opposition to the Doctor's return, and we think there should be none; but nevertheless we advise Dr. Agnew's friends to record their votes in his behalf, as diligently as if there were. By so doing, the chance of a possible accident will be avoided, and at the same time a deserved compliment paid to a faithful and pains-taking representative. Let every vote, then, be recorded.

Dr. Hodder has been appointed by the council of the University of Trinity College as their representative in the Medical Council.

Dr. Coburn, of Oshawa, is a candidate for the representation of the territorial division of Kings and Queens on the Medical Council.

Dr. McDonald has been brought forward by his friends in Hamilton for the representation of the Burlington and Home division. Dr. Freeman, of Milton, is also in the field. Dr. Hamilton positively declined re-nomination.

Dr. C. G. Moore, of London, is spoken of in opposition to Dr. Hyde for the Malahide and Tecumseh division.

Dr. John Muir of Merrickville, is one of the candidates for the representation of the Eclectic body in the Medical Council. The Dr. will, we feel certain, make a most able and efficient representative. We hope to see him elected by a large majority.

The first meeting of the newly elected Council will be held on the second Wednesday (10th) of July.

UNPROFESSIONAL.—We have received one or two communications calling our attention to an announcement issued in small poster form, by a medical man in the neighborhood of Oshawa. The poster, which contains a most extraordinary "Bill of Fare," is headed, A No. 1; and the author, after a characteristic harangue on health and beauty personified, asks, "*Who can remove disease?*" and answers, "Not the unthinking, half-edu-

cated medical man, who has seen only his own small practice." "I have seen the largest and best medical practice in the world, in Canada, United States and England." We regret very much to be under the necessity of referring to such matters, and trust that the author may be able to see the error he has committed, and withdraw these disgraceful announcements from circulation, so that we may not have occasion to refer to them in more unmistakable terms. We have also received another communication concerning a medical man who is about to commence practice in a certain village in the West. There is nothing objectionable in this announcement *per se*, except its inordinate size. It seems as if intended to be nailed up on gate posts, telegraph poles, or in bar-rooms, &c.

NOTES AND COMMENTS.

BOGUS DIPLOMA BUSINESS.—The committee appointed by the Legislature of Pennsylvania to investigate the charges against certain colleges in Philadelphia for selling Medical Diplomas have brought their labours to a close. From the evidence obtained it appears that the Philadelphia University of Medicine and Surgery and the Eclectic Medical College of the same place have been guilty of this most reprehensible business, and the result has been the repeal of the charters of both these institutions. We are glad to see that these disgraceful institutions have been so summarily dealt with.

PARACENTESIS THORACIS.—Within six months, four cases have been tapped at St. George's Hospital, in neither of which was the air excluded, and they did well. Dr. Fuller considers the dread as to the admission of air *fallacious*, and says that the various ingenious instruments devised for the purpose, only complicate a harmless operation. When the fluid is serous, he advises closure of the opening with carbolic plaster, as soon as the operation is finished; when purulent, the wound is to be kept open and drainage employed if necessary, and the patient well fed.

BAKER BROWN IN DISTRESS.—The London *Lancet* says that Mr. Baker Brown is completely prostrated by paralysis, and that he is also in pecuniary distress. A fund is being raised on his behalf.

ACTION OF QUININE AND ARSENIC.—The Philadelphia *Medical Times* contains an article from Dr. J. G. Richardson, in which he maintains that the tonic and anti-periodic action of quinine and arsenic are due to their power of destroying vegetable parasites (*bacteria*), that prey upon the nutrient element of the blood. These bodies have been seen by many observers, in the blood of men and animals, while suffering from various maladies.

LIME WATER IN CROUP.—The inhalation of the steam of freshly slaked lime water is strongly recommended in Croup. Portions of fresh lime are put into a bucket of hot water, which causes ebullition, and the child is made to inhale the steam, by placing it upon the nurse's knee and wrapping a blanket over both. The steam of lime water should also be generated in the room.

CEREBRO-SPINAL MENINGITIS, or Spotted Fever.—We have been informed that this disease has made its appearance in the neighborhood of Goderich and Clinton, and that already several deaths have occurred from its ravages. We sincerely hope it may not become general.

CANADIAN GRADUATES IN ENGLAND.—James McCammon Esq., M. D., of Queen's College Kingston, successfully passed the examination of the Royal College of Surgeons Eng., on the 2nd of May, and was admitted a member of the College.

Dr. C. A. Brown-Sequard was lately Married to a young lady in Cincinnati U. S. He will return to France shortly; but is expected again in September when he will deliver a course of lectures at the Harvard Medical School.

CANADA MEDICAL ASSOCIATION.—The next meeting of the Canada Medical Association will be held during the month of September, in the city of Montreal. We trust there will be a larger attendance than last year.

We are authorized by the Registrar of the Medical Council of Ontario to state that the voting papers will be in the hands of all registered practitioners on or before the 3rd inst.—(See Advt.)

TORONTO GENERAL HOSPITAL REPORTS.

BY S.

TREPHINING IN EPILEPSY.

G—— R——, aged 17, was received into the Hospital under the care of Dr. Hodder, to be treated for Epilepsy, caused by the pressure of a portion of depressed bone upon the brain, the result of an injury received about eight or nine years ago. When about eight years of age he received a kick from a horse, a little above and posterior to the left ear causing fracture of the cranium and depression of some fragments of bone. The surgeon in attendance made some efforts to elevate the depressed portions and the boy recovered. After a time Epileptic fits began to make their appearance and continued to increase in severity and frequency until his admission to the Hospital. Upon a close examination a distinct depression could be felt over the seat of the original injury. This undoubtedly was the cause of the mischief, and it was finally decided that an operation was the only procedure that held out any hope of benefit to the patient. Accordingly the trephine was applied to the part and by means of an elevator,—considerable force being necessary—the depressed portion of bone was raised by forcing it outwards and partly breaking it off. Notwithstanding the force used and the critical nature of the operation, the patient did well. He made a rapid recovery and was soon sent home entirely cured of his trouble.

AMPUTATION AT THE UPPER THIRD OF THE THIGH.

C—— G——, aged about twelve, was admitted into the Toronto General Hospital under the care of Dr. Bethune, about two months previous for disease of the knee joint. He was put under tonics and other appropriate treatment; but the disease continued to progress. Numerous openings occurred all around the neighbourhood of the joint. The leg was much swollen and edematous, and the discharge very profuse. No necrosed bone could be detected although sinuses led in every direction, even up along the shaft of the femur. The boy rapidly lost flesh and was gradually sinking. It was finally decided with a view to save the boy's life, to amputate the leg. The operation was performed by Dr. Bethune, assisted by Drs. Hodder and Richardson of the Hospital staff. The flap oper-

ation was the one selected. On sawing through the bone it was found to be completely separated from the periosteum, and the latter peeled off readily for some distance above the site of the operation. In consequence of this another piece of bone about one inch and a half long had to be removed, so that when completed only a very small portion of the shaft of the femur remained in the stump. The patient ultimately did well and will soon be able to leave the Hospital. Upon cutting into the joint after amputation it was found in a complete state of disorganization. The cartilages were entirely ulcerated away, and the ends of the bones bathed in unhealthy pus. The tissues around were much infiltrated and had a whitish appearance, highly characteristic of white swelling.

CORRESPONDENCE.

PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION,

(From our own Correspondent.)

The Association met on Tuesday the 7th May, in the Horticultural Hall, Philadelphia. Dr. Yandell, Kentucky, President, took the Chair, and the meeting was opened with prayer, after which Dr. Rogers welcomed the delegates to the city on behalf of the Committee of reception, and Dr. Hartshorne announced the programme for the entertainment of the distinguished visitors. The president then delivered his Annual Address in the course of which he approved of the migratory character of the association. He next referred to the present defective system of Medical Education in the United States. He reviewed the plan adopted in Germany, and said that the great demand in this country was for practical physicians, and laid great stress on the importance of Clinical Teaching. In regard to "Women Doctors," he said that their own sex did not incline to them, and he did not believe they would ever become very numerous, and he hoped they would never embarrass the association by application for membership. In the evening the delegates were entertained at the Biological and Microscopical section of the Academy of Natural Science, where about one hundred microscopes had been arranged with slides containing many interesting specimens of Natural History. Music was also provided for the occasion.

Second day. The meeting was held to-day in Dr. Wylie's (Presbyterian) Church, Broad st. The change was owing to the defective acoustics of the Hall. A resolution was then placed before the Association by Dr. Davis, of Chicago, acknowledging the efforts of the Massachusetts Medical Society to elevate the profession and to suppress quackery of all sorts, and especially assuring that society of encouragement and support in its efforts to rid itself of all pretenders. This was agreed to and referred to the Committee on Ethics. The report of the Committee on publication was next received in which it was stated that 750 volumes of the transactions of the society were published at a cost of \$1549.39, of these 475 were given to members, including 23 to various Medical Journals, and 88 copies remain on hand.

The Committee on Education recommended an appeal to be addressed to the different authorities, by the Association, asking that no more charters be granted by State Legislatures, to Colleges which do not adopt the plan in reference to Medical Education, to be hereafter recommended by the Association, and that all Colleges now in existence which do not fulfil the requirements of this standard, forfeit their charters. They also recommended the publication of a National Medical Journal instead of the Transactions, the Editor to be appointed annually. The Committee also urged a meeting of delegates from the Medical Colleges to fix upon some uniform and improved plan of Medical Instruction in this country. This was referred to the publication Committee. In the evening a lecture was delivered by Dr. Noyes, in the Medical Department of the University of Pennsylvania, on certain diseases of the eye, illustrated by ophthalmoscopic pictures in the Magic Lantern.

Third Day's Proceedings.—A Resolution was passed recommending all Druggists to use colored bottles for containing external applications, and all bottles containing "poison" to have an additional label indicating the most efficient antidote. The committee on Ethics reported in regard to Alumni Associations of Medical Colleges that it was not contemplated by the Constitution of the Association that such societies should be represented. They also offered the following resolution:—"That members of the profession hired by the month or year by families, railroad corporations, etc., are to be classed as irregular practitioners and disqualified for membership in this Association or in County or State Societies." Referred back to the State Societies. Some discussion then followed in reference to that part of the report recommending non-registration of delegates from the Academy of Medicine, Freedman's

Hospital, and the Howard University of Washington, D.C., on account of want of good standing on the part of these institutions. The charges were that some of the members were not licensed practitioners and that women were admitted to graduation, etc. The Report of the Committee was carried by a large majority. In the evening the Delegates were entertained at the residence of Thomas A. Scott, Esq.

Fourth Day's Proceedings.—The President appointed a Committee in reference to the publication of a National Medical Journal. Drs. Pollock, Westmoreland, Telley, Walker, Jackson, Weatherly and McGuire.

Professor Gross moved to substitute three lecturers to address the Association annually on Medicine, Surgery and Midwifery, instead of Reports on various subjects by committees. *Laid on the table.*

On motion of Dr. Baldwin of Alabama, a committee was appointed to consider the relations between Physicians and Druggists and report at next meeting.

Dr. Reese of Brooklyn introduced a resolution deprecating the Association of the sexes in our Medical Schools as derogatory to the instincts of true modesty in either sex. Indefinitely postponed.

The following officers were chosen for the ensuing year :—Dr. Logan, *President* ; Dr. Wistar, *Treasurer* ; Dr. Atkinson, *Secretary*. The President, Dr. Yandell, after thanking the members for their kindness and courtesy, declared the meeting adjourned to meet in St. Louis, next May.

In the afternoon the members still in the city visited Fairmount Park, with their ladies, and partook of a collation prepared for them at Belmont Pavillion.

ERIE AND NIAGARA DIVISION.

(To the Editor of the *Canada Lancet*.)

DEAR SIR.—At a late meeting of the Medical Association of the County of Haldimand (at which I presided) I mentioned, that as for two consecutive triennial periods the County of Haldimand had sent a representative for the above division to the Medical Council, it was only fair that the County of Brant, which had always acted in perfect harmony with our County, should have the nomination of the next candidate. The suggestion was unanimously adopted, and our Secretary, Dr. McCargow, of Caltonia, wrote to the Secretary of the Brant Medical Association informing him of our resolution, and, in reply, the Secretary

wrote to us, thanking myself in, I fear, too flattering terms, for the manner in which I represented the division in the Council, and, in accordance with our suggestion, nominating Dr. Lawrence, of Paris, as my successor, and, as no gentleman in the division is more capable of representing the division worthily, I trust he will receive the most unanimous support.

I shall, in a few days, transmit you for publication, a copy of the Essay on Medical Ethics, lately read by me to the County of Haldimand Medical Association, and, which may possibly be of some use in the present position of the Medical profession in this province. Meantime, Dear Sir,

believe me, faithfully,

Yours, &c.,

THOMAS PYNE,

President of the Medical Association, Co. Haldimand.

To the editor of the *Lancet*.

SIR,—A correspondent appears in your last issue under the assumed character of "*Otium cum dignitate*," but, unfortunately, the characteristic stupidity, which crops out in every sentence, renders the whole explosion against the "*Phenomena of life*," an unparalleled exhibition of professional ignorance. We decline, however, entering the lists with one who assails under cover, nor shall we further try to enlighten a mind capable of perpetrating the gross absurdity, "that where congestion is, temperature is diminished in consequence."

J. G. FREEL, M. D.

Markham, May 15, 1872.

MEDICAL SCHOOLS.—The announcement of the College of Physicians and Surgeons, Kingston, for 1872-3, will be found in our advertising pages. The staff is the same as that of last winter. The Detroit Medical College has inaugurated a winter course of lectures. The preliminary term will commence in September, and the regular term in October.

BOOK NOTICES.

PULMONARY CONSUMPTION.—Its nature, varieties, and treatment with an analysis of 1000 cases, by C. J. B. Williams, M.D., and C. T. Williams M.D. Phil.: H. C. Lea, 1872. 8vo. pp. 315.

Dr. Williams, senior, is a well known and distinguished author, and this work we have no doubt will be sought after by all reading men in the profession. His theory of Consumption is "that it arises from a degradation of the plasma or nutritive material by which old textures are removed and new ones formed." The 1000 cases selected for analysis, are taken from notes on about 25000 which came under his observation during a period of 30 years. They are divided into two groups; phthisis of inflammation and phthisis of constitutional origin. The first embracing varieties designated chronic pneumonia, suppurative, serofulous, catarrhal, albuminous, hemorrhagic, &c., and the latter, tuberculosis acute and chronic, and serofulous consumption. With regard to treatment, cod-liver oil, good nutritious food, and tonics, constitute the principal remedies. As tonics, he places most reliance on iron and quinine, unless inflammation exists, when calumba, chiretta and cascarrilla are more suitable. He recommends the pale oil, in tablespoonful doses, to be administered after eating, combined with an aromatic bitter, acidulated with a mineral acid. He frequently adds the tonic to the oil, and finds it to work well. Pure air, and gentle and varied exercise are also forcibly dwelt upon in the management of this unfortunate class of patients.

DISEASES OF WOMEN.—By T. G. Thomas, M.D., of New York. Philadelphia: H. C. Lea. Toronto: Adam Stevenson & Co.

This is the third edition of Dr. Thomas' excellent work on diseases of Women. It has been thoroughly revised, many portions re-written and several new chapters introduced. The work is improved in every respect, and is still more worthy of the confidence of the profession as a guide in the treatment of diseases peculiar to women.

DISEASES OF WOMEN.—By Sir J. Y. Simpson, edited by A. R. Simpson, M.D., of Edinburgh. New York: D. Appleton & Co.; Toronto: Copp, Clark & Co.

DISEASES OF BONES.—By T. M. Markoe, M.D., College of Physicians and Surgeons, New York. D. Appleton & Co., publishers.

The Ontario medical Register for 1872, published by the authority of the Council, by Stewart & Co., Hamilton—Price, 75c.

THE

CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

JULY, 1872.

No. 11.

Original Communications.

MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

St. CATHARINES, Jany. 2nd, 1872.

Dr. F. S. Mack gave an interesting account of a case of placenta prævia; he was called in on the morning of the 22nd December, ult., to meet Dr. Considine, of Port Dalhousie, in a difficult obstetric case. Mrs. H——, the mother of two children, had been suffering from intermittent fever, and had experienced several slight hæmorrhages, which yielded to rest, and the recumbent posture. Hæmorrhage commenced on the morning of the above date profusely, and accompanied with irregular uterine contractions, attended by increased discharge of blood. Other measures failing, Dr. Considine had recourse to the tampon; which, having failed, had been removed just before the arrival of Dr. F. S. Mack.

He found the patient exsanguinous in a marked degree, restless and exhausted. Stimulants were freely given, and continued throughout, and, after allowing half an hour to elapse, to permit her to rally a little, Dr. F. Mack proceeded to examine per vaginam; he found the os dilated to about the size of a crown piece, and high up; could introduce one finger in the cer-

vix, and distinctly feel the placenta covering the os. A gush of blood accompanied each pain. As exhaustion was rapidly increasing, it was decided upon, in consultation, to attempt immediate delivery. Dr. F. M. then proceeded first to pass with some difficulty three fingers through the os, and, by persevering steadily, the whole hand was soon introduced into the uterine cavity. Cautiously detaching the placental adhesions, he tried to deliver that mass first; but, finding it impossible, he at once pushed his hand completely through it; ruptured the membranes, and soon reached the right foot; seizing the feet, he brought them down into the inferior strait, and waited for a restoration of uterine action, which had become suspended. Infusion of ergot was administered, and in about twenty minutes regular parturient efforts were brought on, and a still-born child along with the secundines, complete, were extracted—examination proving that the entire uterine contents had been expelled.

An abdominal bandage and compress were applied. No hæmorrhage occurred from the moment the membranes were ruptured. The patient made a good recovery. Nutritious diet, quinine and vaginal injections of tepid milk and weak carbolic water were administered until convalescence was fully established.

Tuesday, January 28th.

Dr. Sullivan wished to remove any doubt respecting the words "Accidental Vaccination with Grease," in the last published report of the minutes of this Society. He did not consider that any identity existed between the two forms of virus. Dr. Sullivan reported a case of hysterical retention of urine after parturition, in which he drew off from the bladder at one time, nearly three quarts of urine. Dr. Goodman desired to call attention to the case of Mrs. L——, a patient of his, who was suffering from erosion of the os and cervix uteri, but in whom the ordinary objective symptoms of that affection were almost entirely absent.

Owing to this obscurity, the Dr. attributed the circumstance that her former medical attendant had overlooked the *causa morbi*, and that the poor woman was allowed to suffer unrelieved for four or five years.

The Dr. said that the characteristic pain in the left iliac region, which is almost pathognomonic of uterine disease, the pain along the course of the crural nerves, the bearing down, the distressing pains in the lumbar or sacral regions, the nausea, the anorexia, the irregularity of the bowels were all absent. The tongue was clean, the appetite good, the pulse normal, the bowels regular, and the patient looked well nourished.

The only objective symptom which appeared to indicate something wrong with the uterus, was the occasional appearance at the ostium vaginae of a slight, greenish-yellow muco-purulent discharge. The patient complains of pain in the right hypochondriac region, lancinating in its character, and radiating, as it were, over the epigastrium. The pain is aggravated after exertion, and at the menstrual periods. She is very nervous and depressed, bursting into tears on the slightest provocation, very despondent, very garrulous, and very imaginative. It had been "revealed to her in a dream," that "the covering of the liver, where it joins the ribs, was in a diseased condition;" and this she firmly believed, until the introduction of the speculum disclosed a more tangible cause for her suffering. The intra-vaginal portion of the *cervix uteri* was almost entirely denuded of mucous membrane, the papillae were enlarged, the diseased surface was intensely red, and bathed in a muco-purulent secretion of a greenish-yellow color. In short, it was a typical case of ulceration of the os and cervix, like those described and gorgeously painted in the books, one that would have rejoiced the heart of Dr. Bennett. He believed that he had discovered the *fons et origo mali*, and he cauterized the diseased surface with a great deal of savage satisfaction. Forty-eight hours after the cauterization he directed the patient to begin the use of injections of sulpho-carbolate of zinc, (as first recommended by his friend Dr. Mack, in the treatment of *vaginitis*), in the proportion of one drachm of the salt to a pint of rain water. Having observed the calming and strengthening influence produced by the shower bath and cold sponging in chorea and other nervous affections, he directed the patient to take cold sponge baths, using water impregnated with "Atlantic sea salt." As a *placebo*, he gave her a mixture containing *chloric ether*, fluid extract of valerian, and *sp. lavandulae co.*, to take when the pain was severe, and her feelings were too

much for her. He intended to cauterize the diseased *os* and *cervix* every ten days, until cicatrization took place, when he hoped to be able to report a happy *denouement*. He had mentioned the case because of its rather anomalous symptoms, and because he considered it a good example of reflex action, or rather suffering the excitation applied to the peripheral extremities of the nerves in the *os* and *cervix* being conveyed to the spine, and thence reflected as a sense of pain through the intercostal and abdominal nerves. He believed it to be a good plan, whenever there is any obscurity about an affection occurring in a member of the "fair sex," (especially when the symptoms are different from anything you have been in the habit of observing in men), to suspect "something wrong" with the internal organs of generation. The adoption of this course had "stood him in good stead" more than once.

TUESDAY, February 6th, 1872.

Dr. Mack directed the attention of the Society once more to the subject of pelvic cellulitis; its suppurative termination had been fully discussed upon former occasions, he now wished to draw attention to the termination in thickening and induration of the sub-peritoneal connective tissue, and vicious adhesions and contractions, from which so many mal-positions of the uterus, and embarrassments of the ovaries, directly resulted.

The diagnosis of this induration following cellulitis, is not so simple or easy as might at first appear, especially if made without any history of the case, or knowledge of the fact of distinct cellulitis having pre-existed.

First: the changes produced by fibrinous exudation in peritonitis resemble in many respects, and even complicate those springing from peri-metritis. The thickening from effusion into the sub-serous filamentous tissue, and from thickening and hardening of the membrane itself from development of new vessels in a loaded condition, or some new deposits on the free surface, is not so extensive or so hard, and does not communicate upon examination the suspicion of the existence of a tumour. The hard circumscribed patches detected under the abdominal walls, do not give upon conjoined palpation the well defined boundaries of a tumour—the margins being as it were lost in the sur-

rounding parts. Sometimes it is extremely difficult to diagnose between this indurated sequelæ of cellular phlegmasia, and pelvic exostosis; the attachment to the bone appears as close, and the sensation of hardness being identical, the history of the case must here be our principal resource. Adhesions and alterations of tissues with neoplasms, resulting from peritonitis or peri-metritis of Virchow, are attended with a far more profound alteration of general health and greater lesion of nutrition than the thickening and swelling to be detected after pelvic cellulitis. An exploring trocar can be passed into the hard swelling in this latter disease, while in pelvic exostosis, it is extremely difficult, and sometimes impossible to penetrate with such an instrument. As to treatment, Dr. Mack believed constitutional remedies alone to be reliable; the various ointments employed to promote absorption, are worse than useless; so with blisters; the only local remedies deserving the name, are hip-baths, wet compresses and poulticing. "Chrono-thermalism," as it has been termed, offers more resources than any other system of medication.

Constitutional remedies, steadily persevered in, generally succeed in the course of time, in bringing about absorption, such as change of air and scene, tonics, remedying the local diathesis by quinine, sulpho-carbolates, &c.

The pains which are most distressing, especially when the disease is complicated by any peri-metritis or inflammation of peritoneal tissue and its sequelæ, must be promptly relieved by the bromides, chloral, or hypodermic injections of morphine, or atropine. It is very necessary to keep the rectum well emptied. Dr. Mack had found $\frac{1}{40}$ to $\frac{1}{20}$ of a grain of atropine very useful in allaying pain, and relieving constipation.

Dr. Goodman reported a case of rheumatic iritis, where fluid ext. of belladonna had been effectual in maintaining dilatation of the pupils, and preventing adhesions.

Dr. Mack remarked, that ext. belladonna was more reliable for the purpose than solution of atropine, which had been long prepared. A case had occurred to him where the solution failed to dilate, and a slight adhesion had resulted, in the short space of one night; softened extract of belladonna rubbed in circum-orbitally, acted satisfactorily upon this case afterwards.

Dr. Grote reported a case of severe cerebral symptoms, evi-

dently the result of concussion, which manifested themselves two or three days after the accident occurred, without any symptoms of injury to the brain, immediately after the injury was received. The inflammatory symptoms yielded finally to treatment.

GLAUCOMA.

BY R. A. REEVE, B.A., M.D., LECTURER ON OPHTHALMIC
AND AURAL SURGERY, TORONTO SCHOOL OF MEDICINE;
AND ASSISTANT SURGEON, TORONTO
EYE AND EAR INFIRMARY.

Case I.—Mrs. E——, of C——, a farmer's wife, aged 56, was sent to me, June 17, with the following history: She had been in good health and accustomed to hard work until a year ago (July, '71), when she began to suffer from what she termed dyspepsia, with nausea, vomiting, &c., accompanied by headache, pain in the eyes, eyebrows, temples, and down the sides of the nose. Prior to that date she had had no pain in her eyes but the sight of her left eye had been failing for six months, and was then quite dim. The pain in and around the eyes would return frequently, and last for a few hours. At such times the sight became worse, but would clear up a little as the pain subsided. The last of these attacks occurred about two months ago, but she had suffered more or less since then from frontal headache. After the right eye became affected, she often noticed rings of various colors around the flame of the lamp. In Nov., '71, the left eye became totally blind. In Jan., '72, the patient could merely distinguish day from night with the right eye, and in March the sight became altogether extinct. She had been an invalid from July until three months ago. The disease of the eyes seemed to her due to the neuralgia in her head; she had given the so-called patent eye-cups a faithful trial in Feb. and March but with no apparent benefit! Spectacles had been required for twenty years for sewing, reading &c.

EXAMINATION.—Right eye, vision *nil*; no pain or tenderness; eyeball so hard that firm pressure makes little or no impression

(+ T 3); subconjunctival vessels in the course of the recti muscles much enlarged; cornea hazy and not very sensitive; anterior chamber shallow; iris dull, discolored, partially atrophied, and adherent to the lens; pupil dilated, oblong, and fixed, and yielding a yellowish-green reflex; (with ophthalmoscope), lens and vitreous hazy; retinal vessels (veins) dilated and tortuous and curving abruptly over the edge of the optic disc, which presents the typical appearance of the glaucomatous or pressure excavation. Left eye—vision *nil*; globe not painful or tender, but extremely hard (+ T 3); episcleral vessels numerous and swollen, and a venous network encircling the cornea, which is but moderately sensitive; anterior chamber very shallow; pupil dilated, circular, and fixed, and occupied by a mature, hard cataract, which with the narrow edging of atrophied iris, lies almost in contact with the cornea.

DIAGNOSIS. — Acute inflammatory glaucoma, ending in the “glaucoma absolutum” of Von Græfe. The cataract must have been secondary, or very possibly it was partially developed in July, when the glaucoma supervened.

PROGNOSIS.—There is not the faintest hope of restoring even a slight degree of sight. Treatment can now be merely palliative. It would be very difficult to say what will be the ultimate result. The eyes may remain comparatively quiescent, or inflammatory attacks may recur, ending finally in complete degeneration of the eyeballs. An iridectomy was suggested as the only means of securing permanent immunity from the attacks of pain, ciliary neuralgia, &c. The patient demurred to the operation, and returned home, preferring to try morphine, leeches, &c., which she was advised to use during any exacerbations that might ensue.

Case II.—September 6th.—Mrs. H——, æt. 56, gives the following history. She is naturally healthy, and of active habits and nervous temperament; but has been ailing the last few months.

March 1st.—She was seized with acute pain in and around the right eye, that remained for several days, and then passed off, leaving the sight dim. The patient consulted a surgeon, who diagnosed cataract.

On the 1st of June, a second severe attack occurred, and

the sight was so impaired that she could not count fingers. The eye continued sore for some time. The patient was advised by her physician to travel, in the hope that as her health was regained, the eye would improve.

September 4th.—She walked a long distance to market, and afterwards read for several hours. At 6 p.m., the left eye, which had hitherto been unaffected, was attacked with intense pain, and became blind; and the pain did not abate, and no rest was obtained, until the morning of the 6th.

EXAMINATION.—The right eye has been lost by acute glaucoma, which has just made an onset on the left. Right eye—vision reduced to mere perception of light; globe hard, + T 2; subconjunctival vessels turgescent; cornea insensitive to the touch, and its posterior surface mottled; anterior chamber very shallow; iris discolored; pupil large, oval and fixed; and lens cataractous.

Left eye.—External congestion, and serous chemosis; patient can count fingers; tension increased; cornea mottled and insensitive; iris dull; pupil dilated; humors turbid.

September 7th, 10 a.m.—The patient rested last night. She has only slight pain in the eye; vision $\frac{1}{30}$; tension still high. Paracentesis corneæ was done, the aqueous humor being allowed to drain away slowly. The eye was covered, and the patient enjoined to keep quiet.

September 8th.—The eye has improved. There is less injection and chemosis; the tension is diminishing, and the sight improving; vision $\frac{1}{15}$. The tapping of the anterior chamber was repeated.

September 9th.—The improvement continues.

September 11th.—The eye is free from pain; there is only trifling external hyperæmia; the tension is normal, T n.; vision $\frac{1}{2}$; the aqueous humor is clear; the iris has regained its bright lustre; the pupil is smaller and moderately active. The patient can read small print.

September 14th.—The pupil is of about the normal size, and and responds readily to light. The visits were discontinued. The nature of her affection was fully explained to the patient, and she was told that although the eye had not been materially injured by the first attack, it would ultimately share the fate of

its fellow unless the disease was arrested by timely operative treatment—iridectomy. This seasonable advice was not acted upon, unfortunately for the patient, and when last seen she was practically blind.

Case III.—CHRONIC INFLAMMATORY GLAUCOMA OF RIGHT EYE AND PREMONITORY STAGE (?) OF LEFT.—Mrs. C——, æt. 72, had to nurse an invalid for a considerable time about two years ago, and was herself in poor health afterwards. She has been compelled to wear spectacles for forty years, and remembers that about a year ago she had to increase the strength of her reading glasses, using a weaker pair in walking, &c. The sight of the right eye began to fail noticeably nine months ago, and it has been blind for a month. The eye was frequently quite painful for a short time, but the ball never looked inflamed. Colored rings were occasionally noticed round the flame of the lamp.

The left eye is weak and watery; there has been no pain in it, but the sight has failed somewhat; can read only for a little while now; a few months ago could read half the day. The right eye is almost blind, has mere perception of light; the ball is rather suffused; subconjunctival vessels swollen and tortuous; tension very high, + T 3; anterior chamber shallow; iris partially atrophied; pupil large, immoveable and yielding dull greenish-yellow reflex; optic nerve deeply cupped.

Left eye, hypermetropic and presbyopic; vision $\frac{1}{100}$; with + 15 lens, far vision $\frac{1}{4}$; with + 8, reads brilliant type at eight inches; iris healthy; pupil small and active; field of vision large and good; moderate photophobia; lens hazy (senile opacity); hyperæmia of the optic disc, apparently abnormal, but no perceptible cupping.

The patient was enjoined to spare the eye as much as possible, to wear constantly + 15 glasses, blue-tinted, and + 8 for reading, but to read very little, and only large, clear type, and not by artificial light. She was warned of the likelihood of the left eye becoming affected, and was advised to apply without delay if an attack seemed impending.

Case IV.—J——P——, æt. 40, a large, muscular man, an upholsterer, has been fond of his cups for years, and often on the spree, but was never sick a day of his life. The sight of the

left eye began to fail four years ago, and that of the right, six months afterwards. There was occasionally a sensation of heat in the eyes, but they never seemed inflamed, nor has there ever been any pain in them. The sight of the left eye was lost two years ago, and, until about nine months since, the patient could read a newspaper and thread a needle, with the right one.

The left eye is in an advanced stage of simple glaucoma. The ball is very hard, + T 3, and there is only quantitative perception of light. The right eye is the seat of progressive simple glaucoma; the vision is only $\frac{1}{50}$; the tension is much increased, + T 2; there is some suffusion of the eye, and the veins over the recti are swollen; the anterior chamber is rather shallow, and the pupil slightly dilated and sluggish. The upper half of the field of vision, and the upper two-thirds of the inner half are a complete blank. The ophthalmoscope shows cupping of the optic nerve. The patient was advised to have an iridectomy done on the right eye at once, as the only means of arresting the progress of the glaucoma, and saving his present vision. He has not yet, however, presented himself for the operation.

(To be continued.)

THE WARM BATH IN URÆMIC ECLAMPSIA.

BY ———.

One evening, a short time ago, I was sent for in great haste to see a patient about twelve miles from my office, who was said to have convulsions. I immediately obeyed the summons, and, on my way to the patient's residence, I ascertained something of his history, from the messenger. The patient was a stout, healthy lad, about 18 years of age. He had been attacked with a mild form of scarlet fever about three weeks previously, from which he had apparently made a rapid recovery, and seemed to be doing very well, until about the 21st or 22nd day, when some puffiness of the face, and especially of the eyelids became apparent, and he complained of head-ache, and passed very little urine—and that of a thick turbid appearance. On the morning of the 25th day from the attack of scarlet fever, he was seized with epi-

leptic convulsions. A medical man in the immediate vicinity was called in. He administered chloroform, applied mustard to the spine, draughts to the feet, &c. He remained with the patient most of the day, and left in the evening, saying, that he would not live through the night. This alarmed the friends, and they had therefore sent for further medical counsel. I arrived about twelve o'clock at night; on entering the room, I found the patient in a comatose state, with a recurrence of the convulsions every ten or fifteen minutes—having increased very much in force and frequency during the past twelve hours. The pulse was about 130 per minute; inspirations about 30; pupils dilated; skin harsh and dry. He had passed very little urine during the last 24 hours, and it was high colored and loaded with albumen. I diagnosed the case as one of uræmic intoxication, arising from desquamative nephritis, and treated accordingly. I ordered a warm-bath, a large wash-tub being extemporized for that purpose. I had him seated in the tub, and wrapped hot blankets around his legs and shoulders. He was kept in this position for ten or fifteen minutes, and then put to bed, and friction applied to the surface of the body. Ice was applied to the head; and as deglutition was impracticable, I ordered three drops of croton oil to be placed on the tongue. This produced a free evacuation of the bowels in a short time; the skin became moist, the convulsions gradually diminished, and ceased entirely in about three hours. I remained with the patient until five o'clock in the morning. He had no return of the convulsions during this time, but he was still unconscious. I could hold out no hopes to the friends of his ultimate recovery, although I had been able, by means of the bath, to break up the convulsions in the mean time. I now left the patient, but fearing a return of the convulsions, I directed the repetition of the bath, about 6 o'clock in the morning. This was done; and about three or four hours afterwards consciousness returned: and, upon my second visit, I found him in a much better condition, with a fair prospect of recovery. The patient continued to improve under ordinary treatment, and in a short time was able to attend to his usual duties.

Since then I have adopted this plan of treatment in several instances; and it has invariably been attended with

marked success. The safety of the patient in all such cases depends upon a free action of the integument, without which no other treatment is of any avail. Frerichs strongly recommends benzoic acid in such cases; but I cannot say that I have ever seen any benefit from its use. Chloroform is highly spoken of in the treatment of this affection. There is no doubt that in some forms of epilepsy—such as those arising from some form of eccentric irritation—chloroform is exceedingly serviceable; and has proved so in my hands on more than one occasion; yet, I cannot help thinking, that in cases in which the epilepsy is due to a blood poison, it is worse than useless—nay, positively injurious.

Selected Articles.

ON DEATH FROM CHLOROFORM: ITS PREVENTION BY GALVANISM.

Death from chloroform is now an announcement unhappily appearing so often in the medical journals, that it becomes the duty of those who have seen much of its use, to lay the results of their experience before the profession; the more so, if they know, or think they know, one remedy more than another likely to arrest the mortality from that drug.

Ether, chloroform, and other anæsthetics, have been in constant use at the Bristol Royal Infirmary since their first introduction into notice. Three deaths from their use have occurred at that institution during this period.

CASE I.—The first occurred in the practice of my colleague Mr. Harrison, then senior surgeon to the Infirmary. Chloroform was administered to an elderly woman in the ward, before bringing her into the theatre for operation. A second drachm of chloroform was being inhaled, when, after a few stertorous respirations, the pulse and breathing suddenly ceased. Mr. Hore, the house-surgeon, immediately employed the usual means. The surgeons were sent for; and, when they saw the patient, she appeared dead. Galvanism was then tried; it “produced some convulsive efforts of the respiratory muscles,” but animation was not restored. (*Association Medical Journal*, 1851, p. 109.)

CASE II.—The second case occurred in the practice of my colleague Mr. Prichard. Chloroform was given to an elderly man on the table in the theatre. After a short inhalation from the first drachm, a few convulsive respirations were followed by the sudden stoppage of the heart's action and of breathing. We were all in the room at the time. Galvanism, artificial respiration, &c., were at once tried; the first caused strong contractions of the face and trunk, but had not the slightest effect on the heart; the latter was kept up for nearly half-an-hour through an opening in the trachea, but without any effect on the heart.

In this case, paralysis of that organ was so complete, that all means failed to excite its contractions, and death was the result. Those who have not seen a spectacle of this kind can hardly realise what a painful and distressing thing it is to look upon. On examination after death, the "external surface of the heart was found covered with fat;" and "the muscular structure generally was pale, and contained much fat, deposited in rows among the fibrillæ." (*British Medical Journal*, 1858, p. 207.)

The third case occurred in the out-patient room of the Infirmary, and is reported by Dr. Ludlow, the house-surgeon. The first two cases I witnessed; but I saw nothing of the last. Since the second case, no death has happened in the operation-room. I have now to mention some cases where recovery took place, under circumstances quite as bad as those before related.

CASE III.—The following case occurred at the Infirmary. I had operated on a boy for stone, under chloroform. The operation was over; the boy was untied, and about to be taken to his ward; all present had left the room, except Mr. Webster, (then a pupil), myself, and the nurses. Seeing everything safe and well, I left the table, and was going into the consultation-room, when Mr. Webster called after me to say that the pulse had stopped. On turning round, I found the boy deadly pale and pulseless, and his breathing stopped. The galvanic battery was in the theatre ready for use, and it was instantly applied. After a few seconds, both pulse and breathing returned, and the patient entirely recovered. It is impossible to imagine anything more decided than the effect of galvanism in this case; and it is the more remarkable, as the pulse ceased to beat some time after chloroform had been discontinued.

CASE IV.—An elderly man was brought into the theatre for operation by Mr. Prichard. A small quantity only of chloroform had been given, when the pulse suddenly stopped, and the man appeared dead. The galvanic apparatus was near, and was instantly used. A deep and rapid inspiration, succeeded by a strong noisy expiration, like a loud groan, was the immediate result; and at the same time he started up into the sitting posture. The circulation was at once restored, and he entirely recovered. All these things occurred in little more time than it takes to describe them: one thing followed another so rapidly.

CASE V.—The next case occurred in the practice of my much regretted colleague, the late Mr. Ralph Bernard. An elderly woman was placed on the table to have the trachea opened for disease of the larynx. The veins of the neck were large and numerous, and a good deal of blood escaped; hence Mr. Bernard was obliged to proceed slowly in exposing the trachea. Perhaps half an hour was occupied in this way; when the pulse suddenly stopped, and to all around she appeared dead. Galvanism was instantly applied, with the same result as in the last case. Circulation and respiration were instantly restored. The trachea was then opened in the usual way.

CASE VI.—The next case occurred to myself. A boy was on the table for operation. A small quantity of chloroform was given, when suddenly the pulse became hardly perceptible, but did not stop entirely. Galvanism was at once used by Mr. Crisp, of Swallowfield, then house-surgeon; and in an instant recovery was the result.

CASE VII.—The next case was that of a girl placed on the table for amputation of the leg by Mr. Bernard. Chloroform was being given, when suddenly the pulse stopped. Galvanism was at once used, and instant restoration was the result. She was taken back to the ward. The next day, half a tumbler of brandy was given her. She was brought into the theatre, the tourniquet slightly screwed; and the leg was taken off by Mr. Bernard. When again in her ward, she did not know that her leg had been removed.

The last death from chloroform occurred in 1858. Since that time, no fatal case has happened in the operating theatre. The third death took place in the out-patient room.

From so many fatal and nearly fatal cases happening in one institution, it may be thought that the agent was not properly administered—perhaps not sufficiently diluted. Chloroform has been generally given by the house-surgenn; a drachm placed on a sponge held over the mouth and nose, and taken off from time to time to allow fresh air to enter; the finger being kept constantly on the pulse. No accident has now happened for some years, so that it may be inferred that this method of administration is safe. The last five cases here related can leave no doubt as to the fact that galvanism saved life in each of them; that the pulsations of the heart stopped in an instant, and were as instantly restored by this agent. In all the recorded cases which I have met with, there are not to be found five successive cases similar to those mentioned—that is, where restoration was instantaneous. Cases are recorded where the pulse and breathing suddenly stopped, and were restored by artificial respiration. The most recent is related by my friend Mr. Clover; and, from his experience in the administration of anæsthetics, there cannot be found a more accurate authority than he is. Mr. Clover relates a case where, after chloroform had been used, the pulse and breathing suddenly stopped, and were restored by carrying on artificial respiration for about a minute. (*British Medical Journal*, 1871, vol. ii, p. 33.) I would, however, suggest to Mr. Clover that the minute thus spent might make the difference between life and death. One of the best cases I know, where artificial respiration succeeded in instantly restoring the action of the heart after it had suddenly ceased, occurred in the practice of Sir William Ferguson. Dr. Snow was administering chloroform to a “tall thin elderly lady, with a small and feeble pulse,” (a bad subject for chloroform, evidently having a very weak heart); suddenly the breathing ceased, and the pulse could not be felt. Sir William, with the promptness and readiness for every emergency which belongs to that accomplished surgeon, at once applied his mouth to that of the patient, and made a strong expiration, which expanded her chest fully, and immediately the heart began to beat. Snow on *Chloroform*, p. 260.) * * *

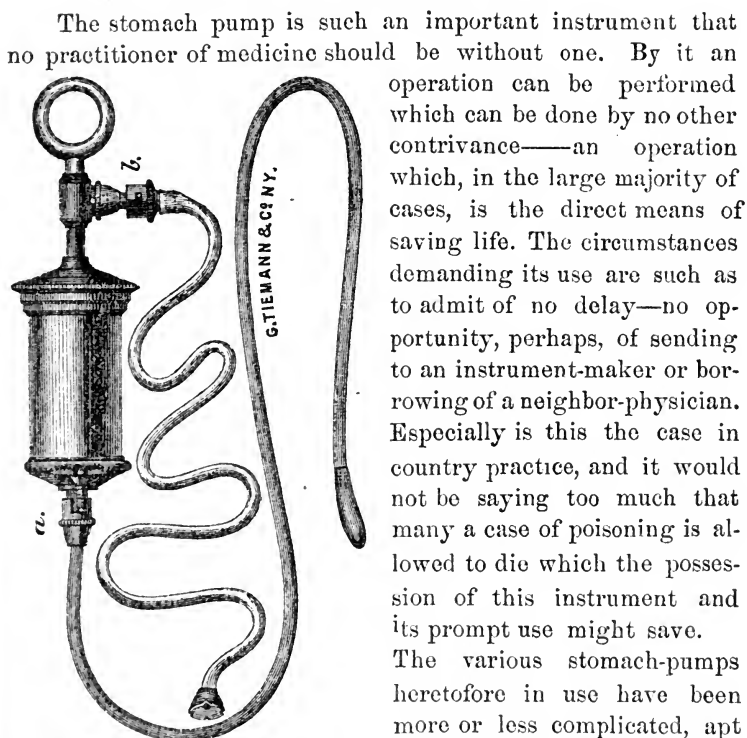
Electricity is the most powerful agent with which we are acquainted for exciting muscular motion even after death. Dr. Ure’s experiment is well known, when by electricity he brought

on strong muscular contractions in a man who died by hanging an hour before the experiment. Death from chloroform is caused by the cessation of muscular action, by paralysis of the heart; if electricity be the most potent agent known to excite muscular motion, it follows not alone as a physiological fact, but a logical truth, that electricity in some form or other must be the most powerful agent known to restore animation when suspended by chloroform. Galvanism has often been used after those accidents, and is said to have failed. Seven cases in which it proved unsuccessful are reported in Dr. Snow's last edition of his work. The same story is to be found in all of them; other means were used, the apparatus was sent for, adjusted, and tried; of course it failed, it came too late; to be successful it must be ready for instant use—on that depends its success. Seconds or minutes make the difference between life and death. The truth of this is so strongly impressed on my own mind, that I have not for many years ventured to operate under chloroform, either at the Infirmary or in private, without having the galvanic apparatus ready for instant use; and I must express the opinion that chloroform should never be administered without the same precautions being taken. Deaths from chloroform are now so frequent (it has been said one in a week), and we are told that many deaths from this cause are never reported at all, that the time is not far distant, when the public safety will demand some inquiry into the use of this deadly agent, more comprehensive than anything hitherto done in that way. This inquiry may be made by any tribunal—say, a joint committee of the Colleges of Physicians and Surgeons, and it could not be in better hands, assisted, if they wish it, by men who have given special attention to this subject—such as Mr. Clover, Dr. Richardson, &c.

The inquiry should embrace several matters; first, whether any and what precautions should be taken before the use of chloroform or any other anæsthetic; next, to ascertain the best and safest of them, and the best and safest means in which they can be administered; and, lastly, the best and surest means to prevent fatal accidents from their use. * * *

[When galvanism is employed, the rotatory battery now in general use answers the purpose well; it is portable, always ready, and easily worked. One pole should be applied to the neck, and the other over the lower ribs at the left side.]—(*Dr. Green in British Medical Journal.*)

IMPROVED STOMACH-PUMP.



to get out of order, and more or less inefficient. We present an improved instrument of this sort to our readers, which was devised by Messrs. Stohlmann & Pfarre, of the firm of Geo. Tiemann & Co., of New York, and is represented in the accompanying cut.

The syringe is constructed of hard rubber, is of the capacity of half a pint, and is provided with the ordinary stomach-catheter, which is attached to its nozzle by a bayonet-catch. The nozzle is separated from the chamber by means of a perforated diaphragm, against which rests the base of a conical plug-valve. The piston-rod is perforated to communicate with a nozzle at right angles with it, and just below the handle. This shoulder is supplied also with a conical plug-valve, the apex of which is

directed towards the piston. To this second shoulder or nozzle is attached, by the bayonet-catch, an india-rubber tube, the distal extremity of which is provided with a fenestrated cup-shaped weight.

The arrangement and construction of the pump is such that by a working of the piston the fluid is made to pass through the stomach-catheter, thence through the tubular piston, and finally through the rubber tube into the bowl. The current can be made to pass only in one direction, and this is, after all, sufficient, and can be employed to pump fluid into the stomach as well as out of it. The former operation is done by merely shifting the relative positions of the stomach-catheter and rubber tube. The former is attached to the piston-nozzle and the latter to the nozzle proper. A bowl, with the injection, receives the cup-shaped extremity of the rubber tube, and the current through the instrument, although always the same is thus practically reversed.

The instrument is exceedingly simple, not liable to get out of order, and can be used at a moment's notice with as much ease and efficiency as any ordinary hard-rubber syringe.

To empty the stomach use the instrument as represented in the cut.

To pump fluids *into the stomach* attach the Catheter to the piston nozzle (b) and the soft tube to (a),—*Medical Record*.

VACCINATION DURING PREGNANCY.

The fact that some physicians entertain the opinion that it is improper to vaccinate pregnant women on account of inducing abortion or miscarriage, leads me to give the result of that operation as practised in the obstetrical wards of the Philadelphia Hospital.

Professor Charles D. Meigs, in his work, "Woman: her Diseases and Remedies," Philadelphia, 1859, p. 597, says, "Pregnant women ought never to be vaccinated. This is a rule I advise you not to depart from even on the most urgent occasion. If a woman have been once vaccinated, and appeal to you to revaccinate her because there is a present variolous epidemic, I hope you

will refuse to accede to her request. . . . I have been the witness of dreadful distress from the operation. Eschew it, I entreat you."

This language, strong and confident as it is, has not restrained the resident physicians of the Philadelphia Hospital from vaccinating pregnant women during the past six months.

On the rapid increase of smallpox in this city last fall, all patients entering the hospital were vaccinated, and since the first of last October more than one hundred pregnant women have been revaccinated. The operation was done in the receiving-ward with the best virus that could be obtained, selected by Mr. Bender, apothecary to the hospital.

All the crusts looked typical, and were of first-class quality. Cross-barring was the favorite method of vaccinating with most of the physicians.

All the pregnant women in the hospital October 1, 1871, were also revaccinated.

I am unable at this date to give exactly the whole number of cases, their condition at time of vaccination, etc., but can speak with positiveness from January 1st of this year. At that time I went on duty as resident accoucheur, and, with the assistance of my colleague Dr. Harris, I was able to collect *notes of forty-eight cases*,—all cases of revaccination; and in some of these the operation had already been performed twice. All the women were in apparent good health, varying in age from 17 to 30 years. I made two insertions in each case, on the same arm, below the deltoid muscle. Most of the patients showed fair cicatrices of previous vaccination in infancy. More than half the forty-eight cases were advanced beyond five months in pregnancy.

The operation proved successful in all but thirteen cases, and in no case were any unusual symptoms manifested.

Some of the women suffered considerably with their arms, particularly one German woman, advanced in pregnancy over seven months, whom I revaccinated with cowpox. Her arm was swollen from the shoulder to the wrist, and its surface covered with a diffused erysipelatous inflammation. She was delivered at full term of a fine boy. Her labor was natural in every respect. Since January 1st there have been some mis-carriages, but they occurred in those in whom the vaccination proved unsuccessful.

These results may dispel the fears and anxieties of some practitioners, and prevent them from withholding from this class the only reliable preventive of small-pox. Our own experience confirms that of other observeas.

Tanner, "Signs and Diseases of Pregnancy," sanctions the operation. Other prominent authors whom I have consulted—some eight or ten in number—say nothing about the subject.

Dr. Barnes, the *British Med. Journal*, March 4, 1871, urges the importance of vaccinating pregnant women if they are at all exposed to the epidemic influence of smallpox, for these reasons:

1. Pregnant women, living under epidemic or zymotic influences, are more prone to take the prevalent morbid poison than others.

2. Having taken a morbid poison, they are less liable to throw it off. Their excretory organs, charged with the double duty of purifying two organisms, are liable to break down under the burden.

3. The poison then pursues its course into a system which is less able to resist its injurious action. Abortion and a most dangerous form of puerperal fever are very likely to follow.—Against this there is certainly a danger of producing abortion by vaccinating a pregnant woman; but this, Dr. Barnes thinks occurs only in women in whom a miscarriage is imminent.

In the *London Lancet*, February 3, 1872, George Yarrow, a public vaccinator, speaks of having notes of twenty cases of pregnant women which he has revaccinated, and remarks that he must have vaccinated many more, and never hesitates to perform the operation. He refused to vaccinate in but one case, and she habitually aborted.—*Dr Jamieson in Med. Times.*

CAUTERIZING VENEREAL SORES.—Dr. J. D. Rogers, of this city, believes the following to be a decided improvement on the present method of cauterizing venereal sores, as it causes little or no pain, and seems to give quite as favorable results. First, saturate the sore with a solution of carbolic acid (gr. xx. to aq. $\bar{3}$ j.), using a brush, or atomizer, the latter being preferable; then touch the part with pure carbolic acid, followed by pure nitric acid. The above has given him entire satisfaction for nine or ten months past, and, he doubts not will be valued by those who choose to try it.—*Med. Record.*

OPIUM-POISONING,

TREATED BY ARTIFICIAL RESPIRATION AND ELECTRICITY.

C. W., æt. 24, having been in trouble and drinking freely for several days, on the 4th of April, 1872, drank more freely than before. At 7 p. m. he went to his room, where his brother found him at 7.30 sleeping soundly. Becoming alarmed at 8:30 by the heavy breathing, his brother attempted to wake him, but failed, and in his attempts discovered a two-ounce vial containing half an ounce of laudanum.

Dr. D. W. Hand, Dr. C. H. Boardman, and ourselves were summoned, and arrived at about 9. At this time shaking, slapping, pricking, etc., were in no way heeded. His muscles were perfectly relaxed, his face livid, pupils contracted, extremities blue and cool, respiration slow and noisy, pulse full and slow.

The stomach-pump was immediately used and the stomach thoroughly washed out. It was evident, from the character of the contents obtained, that most of the laudanum had been absorbed.

One-forty-eighth of a grain of atropine was administered hypodermically at 9:45, and one-twenty-fifth of a grain at 10:15. By this time the respirations had become very infrequent (four to a minute,) irregular, and shallow. The poles of a magneto-electric battery were applied over the phrenic nerve in the neck and around the base of the chest. The respirations were quickened and improved for five or ten minutes, and then relapsed into their former state. A noticeable point was that, when the face became livid and the lips very blue, one deep inspiration, followed by three or four progressively more shallow ones, would occur, brightening the color, after which almost a minute would elapse with no attempt at respiration. During this time the face again became livid, and then the same process would be repeated. About 10:20 all attempts at natural respiration—which up to this time had been maintained by the stimulus of the battery—almost entirely ceased, and the pulse failed in strength. Artificial respiration was resorted to, and under its influence the color of the surface and the character of the pulse soon improved. At 2 a Hall's battery was tried, which caused respiration.

unaided by artificial methods for five minutes; at the end of which time it failed entirely, and artificial respiration was resumed and steadily continued until 1:30 a. m. The pulse remained from 9 o'clock to 11 o'clock quite full and strong so long as the respiration was efficiently continued, but became irregular, weak, and fluttering as soon as it was remitted even for a minute. About 1:30, however, the artificial respiration proved less effective, and a much greater effort was required to force the air from the lungs, and a greater length of time for them to fill. The pulse ran up to 120, became intermittent, and then almost imperceptible. A brisk current from the magneto-electric battery was reapplied, with the effect of at first making artificial respiration more easy, and then establishing natural respiration, which at two o'clock continued unaided by the battery, at ten to twelve respirations per minute. Flagellations were kept up constantly until 4 o'clock when the patient could be made to walk a step or two, but would immediately afterwards drop down fast asleep. At 6 o'clock he was delirious, but could be roused to answer questions.

For the two succeeding days he had very considerable congestion of the lower lobes of both lungs, and later a severe bronchitis with a pleurisy of the right side.

The points of interest in this case are—1. That one and a half fluid ounces of laudanum were taken, the most of which was absorbed. 2. The hypodermic injection of one-sixteenth of a grain of atropine dilated the pupils widely but had *no effect whatever* on the pulse, respiration, or color of the skin. 3. The magneto-electric and faradaic currents were each found more useful for being intermitted and alternated. Benefit was also noted from occasionally shifting one pole from over the position of the phrenic nerve to the spinal column. 4. By far the most important remedial measure used was Artificial Respiration. During three hours it was continuously persevered in, with the constant hope that natural respiration would come to our relief. Twice in this time an attempt at such respiration became apparent. This, favored by the use of the batteries, continued each time about five minutes, when it ceased, and the pulse became small and fluttering. For these three hours of vital importance, death was kept from assuming his dominion only by rhythmical breath-

ing performed mechanically for the patient, not by him. At the close of the third hour, the vital forces—the hearts action especially—were failing, in spite of the artificial respiration, and it seemed almost certain that this means could preserve life but little longer. Magneto-electricity, with unexpected efficacy, now furnished the stimulus needed to strengthen the heart and elicit those first evidences of return to life so grateful to his almost hopeless attendants. The method of respiration used was Sylvester's with an occasional change to that recommended by Dr. Benjamin Howard. Both methods were efficient; the change from one to the other was beneficial, because in this way the operator obtained a little rest, and because deeper respiration^s could be forced on making the change after the chest had become accustomed to one method. ..

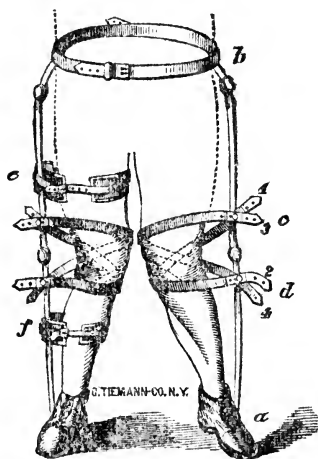
In conclusion, we might mention another case of opium-narcotism in a young woman which was nearly as profound as this and in which we had the satisfaction of seeing signs of life return after a steady perseverance in artificial respiration for an hour and a half. Five grains of morphia had been taken and retained three hours before she was seen. When we first saw her, there was only an occasional respiration, which soon entirely ceased. The stomach-pump could not be used, for we did not dare to intermit the artificial respiration long enough for it. No atropine and no electricity were used.--*Dr. Smith in Medical Times.*

NEW METHOD OF MAKING BEEF-TEA.—By Dr. H. C. Wood.—In order to meet the daily felt want of concentrated fluid meat food, a want not supplied by beef essence as ordinarily made, I have invented the following process, and found in practice that it works well. Take a thin rump-steak of beef, lay it upon a board, and with a case-knife scrape it. In this way a red pulp will be obtained, which contains pretty much everything in the steak, except the fibrous tissue.

Mix this red pulp thoroughly with three times its bulk of cold water, stirring until the pulp is completely diffused. Put the whole upon a moderate fire, and allow it to come slowly to a boil, stirring all the time to prevent the "caking" of the pulp. In using this do not allow the patient to strain it, but stir the settlements thoroughly into the fluid. One to three fluid ounces of this may be given at a time.—*New Remedies.*

GENU-VALGUM OR KNOCK-KNEE BRACE.

The Mechanical Treatment of Knock-Knees requires a proper Instrument of sufficient strength and yet not too heavy—to suit the condition of the patient. The one represented is the simplest and most effectual one we know of. It consists (if the deformity be double) of two lateral stems, with joints at the ankles, knees and hips, extending from the heels of strong shoes (*a*) to a well-padded pelvic band (*b*)—The Pelvic Band is made in two halves in order to admit of adjustment—the tightening of the posterior buckle everts the toes, that of the front buckle inverts them.



A pair of padded Straps secured to each other crosswise act in the following manner :

End 1 is buttoned to the thigh stem (*c*), carried from behind, below the inner condyle, to the front, terminating in end 2, which is buttoned to the leg stem (*d*).

The end 3 buttons to (*c*) is carried from the front to the back of the knee passing over the inner condyle, and secured to the button (*d*). In this manner they support both the head of the tibia and femur, whilst

their combined direction of force being outwards gradually corrects the deformity. *

Some surgeons prefer to have the apparatus without a joint at the knee but there is a risk of inducing ankylosis by too long retention of the limb in one position, besides the patient is liable to fall with stiff splints and thus in constant danger of fracturing the bones of the thigh or leg. In ordering the apparatus the following description and measurements should be given.

Length from sole of foot to ankle joint ; length from sole of foot to knee-joint ; length from sole of foot to hip-joint ; length from

* This instrument exerts very much more power, and answers better when provided with padded metal bands at the thigh (*e*) and calf (*f*).

sole of foot to iliac crests ; circumference of pelvis 1 inch below iliac crests ; circumference of thigh at *c* ; circumference of leg at *d*. (A stick should be placed on the outside of the limb and the last two measurements taken around both.)

The ordinary measurements of the feet for shoes should also be given—ED.

DISLOCATION OF HUMERUS INTO AXILLA.

DR. E. P. BENNETT, of Danbury, Conn., (*Med. Record*), recommends the following plan, and claims it as original with himself: "I place the patient upon a common chair. I pass around the body, below the arms, a broad strong towel, the ends of which I give to a stout assistant. The next step, and the most important of all, is to firmly fix the scapula. Without this precaution you will be pretty sure, to fail, pull as hard and as long as you please. To fix the scapula I direct one intelligent assistant to place the ball of the hand firmly against the acromion process.—then tie a handkerchief around the arm directly above the condyles, and make it into a loop for my right hand, then, with the arm hanging down closely to the body, I pull gently and steadily directly downwards, and, with my left hand on the axilla, the bone slips easily and quickly into place. Now in this dislocation the head of the bone lies under and in contact with the neck of the scapula, and if by any means you can depress the head of the bone to the extent of one-eighth of an inch, or even less, there is nothing to prevent your gliding the bone easily into place, and that, too, without injuring any of the joint structures."

DEATH FROM A SECOND ATTACK OF SMALLPOX.—REUSS relates, in the *General report of Vaccinations performed during the year 1869* (*Wurteb. Med. Correspond. Blatt.*, 1871, No. 28, quoted in the 54th No., Dec. 30, 1871, of the *Centralblatt f. d. Med. Wissenschaften*), the case of a man 53 years of age, upon whose body were the unmistakeable cicatrices resulting from a preceding attack of small-pox, who was attacked a second time with variola, terminating in death. In the accounts on record of cases where the individual experiences a second attack of small-pox, this latter according to Dr. R., is always attended with increased danger. The correctness of which remark our own experience corroborates.—*Am. Journal of Med. Science*.

TREPHINING IN EPILEPSY.—Dr. James T. Boutelle, of Boston (*Boston Med. and Surg. Journal*, February 22) records twelve cases of this operation made at the Massachusetts General Hospital since its foundation, in cases of epilepsy following depressed fractures of the skull. From this table we find that seven cases proved fatal; in four the epilepsy was cured, and one case was relieved, giving a mortality of 58.33 per cent. In most of these cases death took place shortly after the operation, from acute meningeal and cerebral inflammation, accompanied by abscess of the brain or sloughing of the membranes. In four cases the operation was followed in a short time—one hour to two days—by a rapid succession of convulsions, followed by hemiplegia and coma. He thinks the subjoined conclusions may be drawn:—1st. The operation promises a fair chance of success, and unless contraindicated by an excessively feeble state of the patient, ought to be performed. 2nd. It requires dexterity and the greatest caution on the part of the operator, owing to the fact that the membranes are frequently closely adherent to the depressed bone, and the slightest laceration of them greatly increases the chances of death. There is also much uncertainty before making the incision, as to the extent of depression and the condition of the parts. 3rd. The depressions must be entirely removed, as any projection remaining behind would nullify any benefit expected from the operation. 4th. The wound should not be closed, but kept open to allow the freest possible discharge of pus. 5th. The knowledge of the possible occurrence of epilepsy in after-life, in consequence of injury to the cranium, should, in cases of recent fracture of the skull, make the surgeon especially careful to elevate every existing depression and remove all fragments and spicula.—(*Med. Record.*)

THE MEDICAL EDUCATION OF WOMEN.—Miss Jex-Blake delivered a lecture to a large audience of ladies and gentleman in St. George's Hall, London, on the Medical Education of Women, but chiefly with reference to the events which have created so much attention in their attempt to secure medical education in Edinburgh. Lord Shaftesbury was in the chair. The lecturer treated her subject in a clear, temperate, and concise manner, and was frequently applauded.—*British Med. Jour.*

THE HAVANA MEDICAL STUDENTS who were imprisoned and threatened with death for alleged desecration of a cemetery, have been released by government orders.

THE BAVARIAN METHOD OF USING PLASTER-OF-PARIS IN THE DRESSING OF FRACTURES is described in the *Medical Times and Gazette* of Feb. 14th; a yard of the cheapest flannel, a pound or thereabouts of plaster-of-Paris, a few large pins with their heads bent at right angles to the shaft, and a piece of calico or common roller, being all the apparatus required in the case of a fractured leg, for example. The flannel is cut into two rectangular pieces, the length of the fractured bone, and broad enough to encircle the limb and leave an overlapping margin, one piece being a little wider than the other. Placing the narrow one evenly over the other, they are to be sewn together by longitudinal stitching down the mesial line, and now resemble two sheets of note-paper stitched together at the fold, the outer one being a little larger than the inner. Raising carefully the limb to be dressed, the flannel is to be spread smoothly under it, taking care that the line of sewing corresponds to the posterior mesial line of the limb. The two edges of the inner piece are now brought evenly over the limb and fastened together by means of the bent pins, leaving the outer sheet spread on the surface of the bed or table. Exact coaptation of the fragments having been secured, the plaster, having been mixed to a proper consistence with water, is partly smeared and partly poured on. The two outer sheets of flannel are rapidly brought over the surface of the plaster (which is now caught on both sides between the inner and outer layers), and are held together at their margins till the plaster sets, taking care that the extension and counter-extension of the limb are kept up steadily during that period. The pins must now be taken out (it being for this purpose that their heads were bent), the edges trimmed, a few turns of the roller applied, and the operation, which need not occupy more than ten minutes is finished.

A most important advantage connected with this dressing is the facility with which it can be removed. When the bandage is taken off, the two opposite sides of the splint can be separated, like the bent covers of a book, the line of stitching, which prevents the running together of the plaster, acting like a hinge.
—*Medical Record.*

STRANGULATED HERNIA.

In a lecture on the above-named subject, delivered at St. Bartholomew's Hospital, and published in the *British Medical Journal*, Sir James Paget remarked that in hospital and private practice together he had operated an hundred times for strangulated hernia, but that to obtain conclusions of real value it would need a tabulation of at least a thousand cases.

Generally speaking, in a case of hernia with signs of strangulation present, and reduction by ordinary means cannot be accomplished, an operation should at once be performed, in some cases, although the hernia is irreducible, the symptoms of strangulation are slight, obscure, or incomplete. It is an easy rule for all these cases that you should operate when strangulation is suspected; this rule you must avoid, and learn the hard one to discriminate the cases that require operation.

The irreducibility of the hernia is a fallacious sign of strangulation. and the presence of the other local signs even in a marked degree, is not decisive of strangulation, and is not sufficient to prove the need of operating when the remoter signs are not present. The local characters usually present in a strangulated hernia, and sometimes the remoter signs, may be imitated in an inflamed hernia, which is not strangulated. Generally, in the inflamed hernia, without strangulation, the local signs precede and greatly predominate over the remoter and general signs; while, in a hernia which is inflamed after becoming strangulated, the remoter and general signs will still predominate over the local, and the history will tell that they preceded. If these means of discrimination fail, you must operate if you cannot easily reduce the hernia; the risk of operating is small in comparison with that of waiting, for an inflamed and irreducible hernia may at any time become strangulated.

A hernia that has come down quickly and the more it exceeds its usual size, the less is the probability of its being reduced without operation. Again the harder, more tense, and painful a hernia is, the less the chance of reduction without an operation. Again, if the remote and general signs of hernia are present and the hernia cannot be reduced, you must operate, or, if there be a swelling which may be a hernia, though it seems not

likely to be a strangulated hernia, the operation must be performed at the seat of swelling. If a patient have two herniæ that are irreducible and signs of strangulation, and you cannot tell which is strangulated, you must operate on both. One or more actions of the bowels after symptoms of strangulation have set in, are of no weight against the propriety of operating: even frequent and regular action is not an absolute prohibition, as strangulation may involve only omentum or only part of the circumference of a portion of the intestine. As a rule, while the bowels act you should not operate unless all the other signs of strangulation are well marked. The sign we should most rely on as commanding the operation is vomiting. The rule is safe that recent irreducibility and vomiting are enough to justify the operation, even though there be no other signs of strangulation present. While there are notable kinds of vomiting characteristic of strangulated hernia, we should not be misguided by waiting for any particular kind. Any kind of vomiting, if it be repeated, is enough to justify operation in a hernia recently irreducible. Cessation of vomiting in the extreme condition of strangulated hernia is a token of evil rather than of good, if general improvement do not coincide with it. The pulse is 80 or 90 in a majority of ordinary cases in the early stages and becomes more rapid as the symptoms of strangulation become more marked; the respirations usually are in due proportion to the pulse.

For the reduction of strangulated hernia without operation, Sir James Paget laid down the following general rules:—In cases, for instance, when the patient vomits faecal matter and has peritonitis, or is in collapse, with a small rapid pulse, hiccough, or other such extreme signs, there should be no attempt at reduction without operation.

When the coverings of the hernia are so inflamed as to make it probable that sloughing or suppuration has taken place beneath them, reduction should not be attempted without operation; and even when less inflamed, none but slight and brief efforts at reduction should be made.

The longer the signs of strangulation have existed the shorter should be the efforts at reduction but the intensity of pain in recent or acute hernia should not deter one from making the attempt.

In a hernia which has been habitually irreducible and becomes strangulated, you should operate at once. It is a safe rule of practice that, after a warm bath and a few hours rest in bed, a single attempt at a reduction should be made; should this fail, chloroform or ether should be given, and then in some cases, but not in all, a second attempt made; this failing, the operation should be performed while the patient is still insensible.

The hot bath is useful in all cases that are not bad, unless in old and feeble persons; The patient should be simply soothed or relaxed in the bath, then wrapped in warm blankets, put into bed lying on his side or his back, with his knees drawn up, or with his pelvis a little raised, and then after an hour or two of complete rest to attempt the reduction. The employment of rest and the bath is helped by opium when the hernia is painful. In the old, and others who may have had inactive bowels long before the strangulation, an enema of a large quantity of liquid should be used. Purgatives should not be used if there are marked symptoms of strangulation.

After the warm bath and rest have been tried, you may give chloroform or some other anæsthetic. In making the attempt at reduction you must be gentle and self-restraining, mindful of the delicacy of some of the structures you are handling, and that you may do them much more harm than would come of the operation which you are trying to arrest. These cautions are the more necessary because when the patient is under Chloroform, you have nothing but your own sense and senses to tell you how far you may go without doing harm. Chloroform is most useful in the herniæ of which the difficulty of reduction is chiefly due to muscular resistance, in the recent, or in the recently much enlarged; in the inguinal more than in the femoral; and in these more than in the umbilical; in the painful more than in the painless. In herniæ that have only recently come down, and are intensely painful, it is right to use chloroform or ether without waiting for the influence of the warm bath, but more commonly, if there be danger in waiting three or four hours, it is because strangulation is so far advanced that the operation ought to be done without any previous attempts at reduction.

After the warm bath, rest, and chloroform have been tried, and the reduction is not accomplished and strangulation exists,

you should operate while the patient is still under the influence of chloroform ; but if strangulation is not present you may wait, but must watch impatiently, for the hernia is likely soon to become strangulated. While waiting, ice or warm dressings, enemata, aperients or opiates may be used. Tobacco and curious postures, and shaking the legs up and down, and the cupping glasses are more dangerous than the operation which they are intended to avert. For doubtful or partial reduction there is one practical rule—operate if the symptoms of strangulation are not relieved. In cases in which reduction seems complete but the symptoms of strangulation are still present, operate, if you can feel a lump at or near the hernial ring. Old age and disease may add to the risk of an operation for strangulated hernia, but they must be accepted. A patient must not be allowed to die with a strangulated hernia, if by any means whatever the strangulation can be relieved, and you must not be averted from the operation by the number of deaths that follow it. The deaths after the operation may be 50 per cent., but the deaths due to the operation are not more than 2 or 3 per cent.

The remaining lectures on this subject by Sir James Paget are devoted to a description of his several operations for the relief of strangulated hernia, which our space will not permit us to give to our readers.—*The Doctor.*

MODE OF RENDERING FABRICS NON-INFLAMMABLE.—A short time since we noticed the experiments with tungstate of soda in Germany ; since when the *Annalen der Chemie* contains a review of the subject by A. Patera, who thinks, that although the tungstate is an excellent substance for producing the effect desired, its expense is an objection, and recommends for it a cheaper material, viz.—a mixture of four parts of borax, and three parts of sulphate of magnesia. These salts are mixed together just before being required—otherwise, insoluble borate of magnesia is formed too early—and then dissolved in from twenty to thirty parts of warm water, into which the fabrics are to be immersed, next wrung out, and then dried. A mixture of sulphate of ammonia and gypsum may be used for coarse fabrics.

CONJOINT EXAMINING BOARDS.—At the last meeting of the Senate of the University of London, it was resolved, on the motion of Dr. Storror—

“That the subjoined resolution of the General Medical Council (1st March, 1872) be forwarded to the Home Secretary.

“‘That the Council approve of and sanction the Conjoint Scheme of Examination submitted by the Royal College of Physicians of London and the Royal College of Surgeons of England, to which the Universities of Oxford, Cambridge, and Durham have given their adhesion. The Council has at the same time to express its desire that means may be found by which the University of London and the Apothecaries’ Society may be enabled to join in the scheme, so as to render it a complete scheme for a Conjoint Board for England.’”

Thus the University itself gives the strongest emphasis to the expressed desire of the Medical Council. Mr. Forster has expressed unequivocally the continued intention of the Government to proceed, when opportunity serves, to compel unity of action on those who do not now use the period of grace for voluntary union. The Home Secretary will of course give the earliest possible effect to this resolution; and at the same time we venture to hope that the Scotch and Irish medical authorities will use their good sense and public spirit in voluntarily devising an acceptable scheme for providing satisfactory minimum examinations in their respective countries. It is a happy chance for the Apothecaries’ Company, which gives it a *locus pœnitentiæ*; and it will unquestionably joyfully seize the rope which enables it to climb out of the abyss into which it had blindly leapt.—*British Medical Journal*.

“PECULIAR PEOPLE.”—Dr. Marttar concluded at Plumstead, a few days ago, the inquest opened a week previously on the body of a child, seven years old, named Cecilia Henry, who had died of small-pox, her parents being “Peculiar People.” In accordance with the doctrines of the sect, the child had not been vaccinated, and no medical man was called during her illness. The coroner, on summing up, remarked on the frequency of small-pox cases among the sect at Woolwich and Plumstead, where they only number about fifty members. The people belonging to the sect, to the number of about forty, attended at the inquest, and sang hymns at the back of the house while the jury were in consultation, and they afterwards accompanied Henry in a body to the police-court, encouraging him with the assurance that the Lord would be with him and sustain him. He was afterwards brought up at the Woolwich police-court, and committed to Newgate for trial on a charge of manslaughter.—*Ibid*.

THE WORTHLESSNESS OF BEEF-TEA.—The experiments of Gustav Bunge led him to conclude that the common opinion that beef-tea and extract of meat are as valuable articles of diet as tea, coffee, or alcohol, is unfounded; that the refreshment they give is only due to their warmth and pleasant taste, and that their chief value is that they enable a person to take with appetite a larger amount of dry and tasteless food than he could otherwise do. The statement of Liebig, that the addition of some meat-extract to vegetable food increases its nutritive value, and that the extractive matters of meat, and especially creatine and creatinine, are the materials for muscular work, have been disproved by Voit and Meissner; and the idea that beef-tea and meat-extracts were beneficial on account of the salts they contain is an unlikely one, as these salts are already present in excess in ordinary food. It has been said, however, that they do good by acting as stimulants, like coffee, tea, and alcohol; and this seemed to be confirmed by the experiments of Kemmerich, who found that small doses of meat-extract quickened the pulse, but large ones produced paralysis of the heart and death. Kemmerich attributes this action on the circulation to the potash salts contained in the extract, as the ash alone produced the same effects as the quantity of extract from which it had been got.

As Traube, Gultman, and Podkopaen found that potash salts slackened the pulse, but never quickened it; and as Kemmerich's experiments on man gave an indefinite result, and the only animals he used were rabbits, Bunge investigated anew, in Professor Schmiedeberg's laboratory, the actions of meat-extract and of potash salts on man, dogs, cats, and rabbits, and determined that the quickening of the pulse depends not upon the action of the potash salts but upon the distention of the stomach, this result being present when simple water was used, and was more persistent when a solution of salt or sugar were substituted for simple water. He also found that these salts was quite insufficient to produce poisonous symptoms in the human subject.

TREPHINING OVER A LATERAL SINUS.—Professor Paul F. Eve reports in the *Richmond and Louisville Medical Journal* of May, the following case of this nature: A stout and healthy man, of 42 years, was struck two years and ten months ago with a blud-

geon, and suffered a fracture of the skull which rendered him insensible for sixteen hours. The depression was at a point midway between the occipital protuberance and the right external auditory meatus, and was about three-quarters of an inch in depth, and of the circumference of a silver half dollar. No symptoms of epilepsy followed, but at the date of the operation (October 28th ultimo) the patient was habitually costive, walked with difficulty, and only for short distances; complained of constant weight and oppression in his head, and of a dull, annoying pain, radiating at irregular intervals from the point of the injury; had lost his energy, was never cheerful, and was losing flesh and strength. Nothing could provoke a smile. He was almost without hope, and said that he occasionally felt like losing his senses. At the date above mentioned, a crucial incision being made over the depressed portion of the skull, the insertion of the trapezius and the occipital portion of the occipito-frontalis was raised—thus getting below the superior curved line of the os occipitis; a half-inch Galt's trephine was applied and a button of bone removed without injury to the dura mater. Three discs of bone were thus removed from over the right lateral sinus, which was readily recognized by the deep color of its venous blood; the angles left by the instrument were trimmed and the flaps replaced, and secured with silver wire. About five ounces of blood were lost and only one artery ligated. The patient expressed himself as feeling better as soon as he recovered from the effects of the ether. Most rigid after-treatment was pursued. A slight reaction on the following day was checked with sulphate of magnesia, and he subsequently experienced not a serious symptom. The wound was kept open for a month by the daily introduction of a blunt probe. The skull, in this case, was found to be unusually thin.

LACTO-PHOSPHATE OF LIME IN FEVER.—*The Practitioner* for February contains an interesting paper by Dr. Blacke, of Paris, on "The Use of Lacto-Phosphate of Lime in Adynamic Fevers and in Convalescence." Believing that the Phosphate played an essential part in the nutrition, not only of the bony structures but of the tissues generally, he tried the experiment of keeping a pigeon upon food almost wholly deprived of phosphates. The pigeon lost its liveliness, its appetite failed, and

its weight notably decreased: the muscular and fibrous tissues seeming to suffer as well as the bones. On adding phosphate of lime to the food, the bird rapidly regained its normal condition.

Dr. Blacke explains the want of success that attends the use of phosphate of lime, even in cases in which it seems most directly indicated, such as rachitis, osteomalacia, &c., by the fact that it is usually given in a pulverulent form, in which form lactic acid is the natural solvent. Now the gastric juice contains only $\frac{2}{1000}$ of lactic acid, a quantity too small to dissolve an appreciable amount of the phosphate. The remainder passes into the intestines, undissolved, where it creates irritation, and is therefore worse than useless. He claims that when given in combination with lactic acid, the results will correspond much more closely with what we should expect theoretically.

He has found the lacto-phosphate of lime a very valuable analeptic in adynamia occurring in pneumonia and in low forms of fever. During the late siege of Paris he employed it in a large number of cases of typhoid. He found that in from 36 to 48 hours the pulse became less frequent and the temperature decreased, while the countenance lost the expression of stupor so striking in adynamic forms of the disease, and the patient entered upon a rapid convalescence.

He states unreservedly that excitement of the appetite and facility of digestion constantly and quickly results from the ingestion of this drug.—*Med. Record.*

DEATH-RATE IN THE UNITED STATES AND EUROPE.—It is a curious fact, and one well worth knowing, that the death-rate in Europe is nearly double what it is in the United States, averaging yearly one out of every forty-three inhabitants, while here it is only one out of every eighty-one. Of the leading countries of Europe, France leads in its mortality, the average being one death to thirty-two people; and England appears to be the healthiest, the deaths being one to every forty-six. In the United States there is a wide range of difference. In Arkansas, for instance, the annual deaths are one to every forty-nine inhabitants, while in Oregon the rate is only one to every two hundred and nine. It appears that the Northwestern States average the healthiest, and the Gulf States the sickliest.

SURGICAL TREATMENT OF GANGLIONS.—Dr. Skey, of Bartholomew's Hospital, in a clinical lecture reported to the *London Lancet*, condemns the ordinary treatment of Ganglionic swellings, which consists in giving a smart blow with a book or other body, and adds: "I advise you to adopt in great preference to this coarse and old-fashioned treatment the following, which rarely fails to obtain an early, if not an immediate, cure. Its object is to evacuate the *entire* contents of the cyst, and to bring its opposite surfaces into perfect apposition with each other. It is a small operation; but on the delicacy of its performance its success materially depends. Bending the hand forward, in order to tighten the skin over the cyst, pass vertically into the centre of the tumour a broad shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop, to effect which the sac must be compressed and kneaded in every direction. Then apply a well made, thick compress of lint, and strap it down tightly with good plaster, and lastly a roller may be applied. In forty-eight hours the wound is healed, and the ganglion is seen no more.

TESTS FOR DETECTING STRYCHNIA.—The *Popular Science Review* states that Dr. Filhol, in a recent paper on this subject, maintains that strychnia should, in cases of poisoning, be obtained in the solid state; the alkalinity of its solution should be ascertained as well as its intensely bitter taste; its behaviour with chlorine, and its blue coloration under the influence of sulphuric acid and oxidizing substances, should also be seen; while, lastly, as a very delicate reaction, Dr. Filhol observes that, with chloride of gold, strychnia (in solution) yields immediately a crystalline precipitate, which, although slowly, is distinctly formed in solutions containing one-tenth of a milligramme of alkaloid. This precipitate, and that formed with chlorine, are at once dissolved by concentrated sulphuric acid, and chromic acid being added, the well-known blue coloration that strychnia yields with this last reagent is produced. The presence of alcohol in liquids to be tested for strychnia should be avoided.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, JULY 1, 1872.

CEREBRO-SPINAL MENINGITIS.

This disease which occasionally assumes an epidemic form has made its appearance in various parts of the country, and is still spreading, though slowly. Our Medical confrères on the other side of the lines have had considerable experience with it during the past six months, and from the various American Journals, we glean the following facts which may be of service, and which we beg leave to place before our readers. We feel that this is the more necessary as it is a well known fact that epidemics differ in many of their most prominent features, at different periods. The disease is said to be more common in winter than in summer and spreads over a considerable extent of territory. From 1861 to the present time it has never ceased to exist in some part of this continent, sometimes in a sporadic form, at other times as an extensive epidemic. In 1867 it prevailed extensively in Philadelphia. There were no less than 120 cases in the Philadelphia Hospital alone at one time. It seems to attack the young and vigorous more frequently than the aged and infirm, and it prevails in all situations, moist and dry, high and low. The disease is not generally considered contagious although in some of its most malignant forms, circumstances seem to tend strongly toward its contagiousness. Its initial point of attack seems to be in the meninges at the base of the brain, from which it extends to the brain and spinal cord. The *post-mortem* appear-

ances are those of Inflammation, viz: Serum, Lymph and Pus. These products are found upon the Meninges, at the base of the brain, beneath the arachnoid, and along the spinal cord. In mild cases the brain only is affected; in more severe, both the brain and spinal cord are involved. The substance of the brain is generally softened and also the cord. The blood itself is dark and fluid and the blood corpuscles present a shrivelled appearance.

The first symptom of the disease is generally severe *pain in the head* and along the spine, preceded by chills and general malaise, and neuralgic pains in distant parts, as the thighs, legs &c. *Vomiting* is also very commonly present and is sometimes very persistent, increased by raising the head, but there is nothing peculiar about the matter ejected. There is great thirst, and a sense of sinking at the epigastrium, and prostration sets in very early. Delirium is seldom absent; but is generally intermittent. The pupils are generally dilated, sometimes contracted and occasionally fixed. The most characteristic symptom however is *rigidity of the muscles of the neck*, amounting almost to Opisthotonos, with general Hyperæsthesia of the surface of the body and in a few cases general convulsions. The temperature is generally increased, especially in the back of the head; the pulse is frequent and firm and the respirations are increased in frequency, sometimes panting as if from fatigue. The urine is scanty and high colored, and the bowels generally constipated. About one-third of the cases present some red erythematous spots on the skin between the third and seventh days, which vary in size, number and shade of color. Sometimes they are few, small, bright and red; but in severe cases they are darker in color, larger in size, and sometimes tumefied.

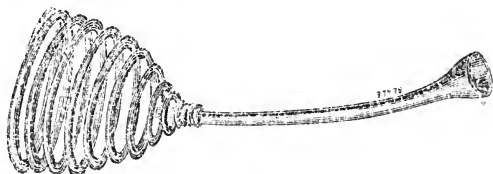
The *treatment* resorted to at the commencement of the outbreak, was such as is commonly adopted in Meningitis; leeching the temples or cupping the nape of the neck, application of cold to the head, cathartics &c., with chloral Hydrate to procure rest at night. This was found however, very unsatisfactory. It lessened the febrile action; but the headache and rigidity continued and a large proportion of the cases thus treated were lost. As will be observed the symptoms of the disease are very much like those produced by poisonous doses of belladonna and strychnine.

nine combined, and the administration of their counteractives suggested themselves. Accordingly Tr. Calabar bean was tried, and with very good results. The following combination has been found very useful; R. Tr. Calabar bean ζ jss. Fl., Ext. Ergot, ζ ijss. M. One teaspoonful in a little water every two hours. Sulphite of soda and carbolic acid have also been used with success, especially when alternated with the preceeding formula.—The patient should be kept very quiet and well supported with most nutritious diet. The occasional use of stimulants will also be found necessary. The application of extreme cold to the head is not recommended. Cloths wet in cold water are all that is desirable. Violent purging is also deprecated, but an occasional brisk and mild cathartic, is beneficial. Quinine and Morphine are always followed by bad results especially if given during the time of cerebral excitement. At present the Tr. Calabar bean seems to be in the ascendancy in the treatment of this disease.

INVERSION OF THE UTERUS.—Dr. White, of Buffalo, has lately published two cases of Inversion of the Uterus, treated by him. (*American Journal Medical Sciences*.) One of these occurred near Ithica, N. Y., and the other in Port Dover, Ontario, a report of which was published in the July 71 number of the *Lancet*. These two cases complete a series of nine cases of complete Inversion, varying in duration from a few minutes to fifteen years, which have been reduced by him. The first of the series occurred in 1856, and was of only eight days standing; the others were of various duration, up to fifteen years. Only one death occurred in the nine cases; this was in the one of fifteen years standing. The patient died of Peritonitis on the sixteenth day following the operation; but a careful review of all the circumstances of the case and the *post mortem* examination, seemed to show that the peritonitis was merely an unfortunate accident. The Dr. considers the most appropriate period for the performance of the operation to be before the twenty-first day after the accident, or after the process of involution is completed, which takes place usually in from eight to twelve weeks. During the period of involution the tissue of the uterus is too soft and friable to withstand a great amount of force, and, although he has reduced it

on one or two occasions during this period, he does not think it unattended with danger.

With regard to the *modus operandi* of the replacement, he says that the vagina is first put upon the stretch by pressure on the fundus uteri. This dilates the os and then the cervix, and finally, if persevered in, doubles the body upon itself, and carries the fundus through the os, cervix and body, to its normal position. Dimpling or depressing the fundus uteri can only be done in recent cases, and even if it could be done in chronic eversion, it would only complicate the process by increasing the size of the tumour to be carried through the os and cervix. We give below a cut of an instrument which he has constructed to aid him in the operation, termed the *Uterine Repositor*.



It consists of a wooden or rubber stem, the uterine extremities of which is enlarged and tipped with an india-rubber disc, $1\frac{1}{8}$ in. in diameter, the concavity at the end being about half an in. in depth. The outer or distal extremity of the stem has attached to it a coil of no. 11 steel spring wire, capable of sustaining a pressure of eight or ten pounds. The uterine extremity is held in contact with the fundus of the uterus by the hand introduced into the vagina, while pressure is made by the breast on the spring, and may be increased or diminished to suit the exigencies of the case. This instrument gives the operator greater command, as it leaves the hands free, in a great measure for the purpose of manipulation. The hand within the vagina is so held, as partly to embrace the *Repositor*, and also the fundus uteri, which may be more or less compressed and diminished in size, while with the left hand pressure or manipulation may be made over the hypogastric region.

DEATH FROM BICHLORIDE OF METHYLENE.—The *Medical Times and Gazette* reports a case of sudden death from this agent. The patient a married woman about 44 years of age, was about to undergo an operation for the removal of a cancer of the breast.

HOW NOT TO DO IT.—Since we commenced to publish this journal we have been in the habit of sending out every month a number of copies to medical men in different parts of the Dominion who are not yet subscribers, enclosing a note requesting them to send their names, or if they do not desire to subscribe to be kind enough to return the numbers thus sent. In this way we have largely extended our circulation, although at considerable expense. There are always some of course who do not wish to subscribe, some who are taking as many journals already as they have time to read, some who cannot afford a luxury of this kind, while there are others who do not subscribe to any journal, who do not read any new medical works or journals, and do not wish to, who have still a plethora of knowledge on hand since their school-boy days, and do not require any new ideas; others who look upon the paltry amount of the subscription as more than they care to pay for anything of the sort, who look upon the profession solely as a means of making money, and console themselves by saying, "We have got along very well before journals were published and we can do so still." From each of these classes we occasionally receive a copy returned and marked "refused." We immediately draw a black line through the name which means that the journal is not to be sent again. Occasionally, we receive a characteristic notice of refusal. One of these is now before us and has suggested this paragraph. The wrapper is torn off which shows that it has been opened and read, and yet it is neither the first nor second copy the party has received, because both these contain a note *pasted* on the title-page, on which the name of the party is written. It is carefully wrapped up in white paper, and stamped with red sealing wax in three places, and addressed to the editor; but there is not a solitary word or letter from the party returning it by which it may be identified. There is not even a post mark, and if there were it would be of little use for we frequently send two or more to the same Post Office. We have therefore no means of knowing from whom it came. This has occurred on several occasions, and we would feel obliged if parties returning the *Lancet* in future, would be kind enough to enclose their names so that we may know by whom it is returned.

We would also take this opportunity of referring to the

unkind treatment we have received from some medical men who lay claim to respectability. These gentlemen are in the habit of taking the journal from the post office regularly, some of them for upwards of a year, and when the bill is presented they either repudiate it entirely, or invent some plausible excuse for not contributing their quota of the expense of publication. We care little for the loss thus sustained; but we regret to find such men in the profession, and in one or two instances we felt disposed to give their names the benefit of a public announcement. Such conduct is not in keeping with the dignity of the profession, and we believe it would have a salutary effect to hold such men forth in their true colors.

MEDICAL ELECTIONS.

The following is the result of the Medical Elections, so far as returns have been received :—

REPRESENTATIVES OF TERRITORIAL DIVISIONS.

Western and St. Clair	Dr. Edwards, Strathroy.
Malahide and Tecumseh	Dr. Hyde, Stratford.
Saugeen and Brock	Dr. Clarke, Guelph.
Gore and Thames	Dr. Clarke, Princeton.
Erie and Niagara	Dr. Lawrence, Paris.
Burlington and Home.....	Dr. McDonald, Hamilton.
Midland and York.....	Dr. Agnew, Toronto.
King's and Queen's	Dr. Coburn, Oshawa.
Newcastle and Trent	Dr. Dewar, Port Hope.
Quinté and Cataraqui.....	Dr. Strange, Kingston.
Bathurst and Rideau	Dr. Grant, Ottawa.
St. Lawrence and Eastern	Dr. Brouse, Prescott.

REPRESENTATIVES OF UNIVERSITIES AND COLLEGES.

University of Toronto.....	Dr. Eastwood, Whitby.
“ Trinity College	Dr. Hodder, Toronto.
“ Queen's College.....	Dr. Bethune, Glanford.
“ Victoria College	Dr. Berryman, Yorkville.
“ Ottawa	— — —
Toronto School of Medicine.....	Dr. Aikins, Toronto.
Royal Col. Phys. & Surg., Kingston.	Dr. Lavell, Kingston.

HOMEOPATHIC MEMBERS. — Dr. Campbell, Toronto; Dr. Field, Woodstock; Dr. Vernon, Hamilton; Dr. Adams, Toronto, and Dr. Springer, Ingersoll.

ECLECTIC MEMBERS.—Dr. Cornell, Toledo, Ont.; Dr. Muir, Merrickville; Dr. Morrison, Forest; Dr. Bogart, Carleton Place, and Dr. Carson, Whitby.

We are informed that Dr. Freeman, of Milton, has protested against the election of Dr. McDonald, of Hamilton, on the ground that many of his friends did not receive their voting papers in time to have their votes recorded. We have reason to believe that such was the case, not only in that division, but in many others, and that great injustice has been the result of this inaction on the part of the Registrar. There is no provision in the Act to meet such an emergency, but we trust the Council will take such action as will prevent the possibility of such a thing occurring again.

NOTES AND COMMENTS.

SMALLPOX IN UTERO.—Dr. J. T. Hampton, in the *Philadelphia Medical and Surgical Reporter*, states that on the 12th November, 1871, he delivered a woman of a child suffering from smallpox. At the time of its birth, the disease had reached the vesicular stage. On the morning of the fifth day after birth, the pustular stage was reached. The child did well until the tenth day, when it vomited incessantly—blood gushing from its mouth and nose, and died the same evening. The mother had been successfully vaccinated six weeks prior to confinement.

BROMIDE OF POTASSIUM AND OPIUM.—Dr. DaCosta states that the faintness and nausea, which frequently follow the use of opium, may be prevented by giving a full dose of the bromide, about three hours previously. Sound sleep is thus often obtained where there is great restlessness.

CALABAR BEAN IN SPINAL MENINGITIS.—Tincture of calabar bean has been highly recommended in this disease. It relieves the rigidity of the muscles along the neck and spine, and counteracts the tendency to opisthotonos which is so characteristic of this affection.

TREATMENT OF HYDROCELE.—Dr. Bradley of Manchester, (*British Medical Journal*,) describes a mode of treatment of hydrocele which has been successful where the ordinary means have failed. It consists simply in drawing off the fluid, and then strapping the testicle tightly with soap plaster. The pressure is kept up for an average of about three weeks.

A Bill is before the Legislative Council of Jamaica, for the purpose of legalizing all *Canadian qualifications* in medicine. At present only the holders of British Diplomas are entitled to register, or practice Medicine in this Island.

REMOVAL OF THE KIDNEY.—Mr. Durham of Guy's Hospital, London, has lately removed the right kidney from a woman about 43 years of age. The patient was doing well at last accounts.

Dr. DaCosta has been appointed professor of Theory and practice of medicine, in the Jefferson Medical College, Philadelphia, in place of the late prof. Dickson.

EXAMINERS IN MEDICINE, TORONTO UNIVERSITY.—The following gentlemen have been appointed Examiners in Medicine in this University, for the academic year, 1872-73—Physiology and Comparative Anatomy, W. Oldright, M. A., M. D.; Surgery and Anatomy, J. E. Graham, M. D.; Medicine and Therapeutics, J. W. McLaughlin, M. B.; Midwifery and Medical Jurisprudence, T. J. White, M. D.; Chemistry, W. H. Ellis, M. A., M. B.; Natural History, H. A. Nicholson, M. B., &c.

HONORS TO PROFESSOR S. D. GROSS.—This eminent surgeon has received the high honor of the degree of D. C. L. from the venerable University of Oxford. We believe that no other Americans have received this degree except Bancroft and Motley. In selecting Professor Gross as another recipient the University has made a most fitting choice.

POISONING FROM DATURA STRAMONIUM.—Dr. Niemeier, of Neustadt, Ontario, reports a case of poisoning from the seeds of *Datura Stramonium*. The symptoms presented were very much like those from poisoning by *Belladonna*. The patient recovered. He also reports several cases of *Intermittent Cerebro-spinal meningitis*, similar to this form of disease, described in Niemeier's Practice.

TORONTO GENERAL HOSPITAL REPORTS.

SATURDAY, June 8th.

REPORTED BY S———C———.

AMPUTATION AT THE UPPER THIRD OF THE THIGH.

This was a case very similar to that reported in last number of the *Lancet*. The patient was about 10 or 12 years of age. He was admitted under the care of Dr. Cassidy, and placed under treatment for white swelling of the knee. The case seemed favorable at first, and it was thought that he would recover the use of the limb in an anchylosed condition; which, by the division of the tendons, might be straightened: but a sudden unfavorable turn in the course of the disease took place. Abscesses formed all round the joint, and the discharge was so profuse, that the patient's life was in danger. Amputation was decided upon as the only alternative, and the operation was performed by Dr. Cassidy, assisted by Drs. Aikins and Canniff. The flab operation was the one selected. The artery was controlled by pressure over the os pubis. The patient is doing very well. Notwithstanding the rarity of such operations in these days of conservative surgery, this is the second case which has occurred within the past two months.

Upon examination, the joint was found very much ulcerated and disorganized.

REMOVAL OF THE SUPERIOR MAXILLA.

This patient, aged about 70, was admitted under the care of Dr. Aikins, for disease of the antrum. The tumor had made its appearance on the face, but not involving the integument; and, in consequence of the eye not being pressed upon, or the passage of the nose interfered with, it was thought a favorable case for operation. The only apparent-*contra* indications were the age of the patient, and the fact that he had extensive ossification of the arteries. This was however not considered a sufficient reason for refusing the operation. The patient was also exceedingly anxious to have something done. The operation performed by Dr. Aikins, assisted by Drs. Canniff and Geikie, in the presence of a number of students, and several medical practition-

ers of the city. The operation was commenced first by sawing through the malar bone. This was done with a view to the performance of as much of the operation as possible before interfering with the mouth. An incision was then made through the upper lip, and carried up along the side of the nose, and thence transversely below the orbit in the usual way.

The whole of the superior maxilla was then removed. On examination, the tumor was found adherent to the floor of the orbit, and also to the ethmoid bone: the greater part of the lateral mass of which had to be removed, in order to complete the operation. The whole of the diseased mass was carefully scooped out, and the cavity filled with cotton, and sutures applied to the flap. On examination, the tumor presented many of the features of incipient encephaloid disease. The patient is now doing well. [This was, on the whole, a very interesting case, and we hope to be able, at some future time, to publish it *in extenso*, together with some others of a similar nature.]

OPERATING DAYS.—Arrangements have been made, by which, in future, all operations not of an urgent nature will be performed on Saturdays, at one o'clock.

CORRESPONDENCE.

MEDICAL ELECTION IN SAUGEEN AND BROCK DIVISION.

To the Editor of the Lancet.

DEAR SIR.—This is a very large division comprising the Counties of Grey, Bruce, Simcoe, Wellington and North Waterloo, and containing over 130 votes.

It was generally anticipated that there would be a very close contest between the two candidates, Dr. Clarke of Guelph and Dr. Yeomans of Mount Forest. The action of the Registrar Dr. Strange, however, brought about a very different result.

In the northern and most remote parts of the division, where mail communication is imperfect, the voting papers were received by the electors on Monday, and Tuesday, June 10th and

11th, consequently only some of those who attended to the papers instantly, succeeded in having their votes recorded by the returning officer in Guelph.

Dr. Martyn of Kincairdine, who was a candidate on a former occasion, did not have his vote recorded although he attended to it immediately.

Dr. Gunn of Durham, who also takes a very active part in these matters, lost his opportunity to vote.

The majority of the votes in the northern and Western portions of the division were lost, while nearly every vote in the southern part was recorded.

The result was that only 54 votes out of the 130 were received by the returning officer greatly to the disadvantage of Dr. Yeomans, and giving Dr. Clarke a majority of 23.

This is one of the many instances of transgression on the part of Dr Strange. Is it not time to appoint a new man?

I remain, Yours &c.,

• A DISFRANCHISED VOTER.

BOOK NOTICES.

DISEASES OF INFANCY AND CHILDHOOD, by J. Lewis Smith, M.D., New York: Second Edition enlarged and revised. Philadelphia: H. C. Lea. Toronto: Copp, Clark & Co. pp. 730.

The above is a very comprehensive work, and also one of a thoroughly practical nature. The present edition has been enlarged over 100 pages, and about 20 additional diseases have been introduced. There has been no attempt at fine writing, which prevails so much at the present time, but everything is made subservient to the end in view, which was, to give a faithful account of the diseases most prevalent among children, and as witnessed by himself in the Infant's Hospital, and the best plan of treatment. This he has done in a most satisfactory and highly creditable manner.

In reference to the treatment of *Entero-Colitis*, a disease very common among children in the summer months, characterized among other symptoms by green stools, he says, that mercurial and other treatment, designed to correct the function of the liver, are not justified by the anatomical characters of the disease.

In support of this, he gives the result of upwards of 30 autopsies, in all of which the liver was normal in size, color, and microscopic appearance. The same careful enquiry seems to pervade the whole work, which, makes it not only interesting, but also exceedingly valuable, as a text-book on this important subject.

PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M.D. Lectures at Charing Cross Hospital, Lond. Phila.: H. C. Lea. Toronto: Copp, Clark & Co. Pp. 254.

THE URINE AND ITS DERANGEMENTS.—By G. Harley, M.D., F. R. S., London. Philadelphia: Lindsay & Blakiston. Price, \$2.75.

NEURALGIA AND THE DISEASES THAT RESEMBLE IT.—By F. E. Anstie, M.D., F. R. C. P., London. New York: D. Appleton & Co.

THE PHYSIOLOGICAL ACTION OF BROMIDE OF POTASSIUM AND AMMONIUM.—By Drs. Clarke and Amory, of Boston. James Campbell, publisher.

CATALOGUE OF OFFICERS AND STUDENTS, HARVARD UNIVERSITY.—For Academic years '71-'72. Second Edition.

TRANSACTION OF THE ILLINOIS STATE MEDICAL SOCIETY. Fergus Printing Co., Chicago.

THE DETECTION OF CRIMINAL ABORTION. By Ely Van de Trascker, M.D. Boston: James Campbell.

Proceedings of the American Association for the Cure of Inebriates. Phila.: Henry B. Ashwood.

Annual Report of the New York Inebriate Asylum.

AMERICAN JOURNAL OF INSANITY. Vol. xxviii., January, 1872. Utica, N. Y.

THE QUESTION OF QUARANTINE. By Alfred L. Carroll, M.D. New York: F. Leypoldt, 712 Broadway.

WOOD'S HOUSEHOLD MAGAZINE for June, 1872. S. C. Wood & Co., Newburgh, N. Y. \$1.00 per year.

THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

AUGUST, 1872.

No. 12.

Original Communications.

COLLEGE OF PHYSICIANS AND SURGEONS,
ONTARIO.

FIRST DAY'S PROCEEDINGS.

The first meeting of the newly elected Council was held on the 10th ult, in the Council Chamber, in the Court House Buildings. The following members were present:—

Drs. E. G. Edwards, John Hyde, William Clarke, D. Clarke, John Lawrence, J. D. McDonald, John N. Agnew, W. Coburn, J. Forrest Dewar, O. S. Strange, William H. Brouse, Grant, Eastwood, C. V. Berryman, Alexander Bethune, M. Lavell, and W. T. Aikins.

HOMŒOPATHIC MEMBERS.—Drs. Campbell, Elias Vernon, G. C. Field and William Springer.

ECLECTIC MEMBERS.—Drs. G. A. Carson, S. S. Cornell, J. Morrison, J. Muir and D. P. Bogart.

On motion, Dr. Dewar was elected President, and Dr. Campbell Vice-president.

Dr. Aikins presented a protest against the election of a member of the Council on the ground that proper votes were not given, and the voting papers were not in the hands of voters sufficiently early.

On motion, a Committee consisting of Drs. Aikins, Strange, and William Clarke were appointed, to enquire into all the elections.

A committee was then appointed to name the standing committees of the Council. They are as follows:—

EDUCATION.—Drs. Brouse, Berryman, Wm. Clarke, Aikins, Lavell, Field, Agnew, Morrison, with the President and Vice-President *ex-officio* members.

FINANCE.—Drs. Hyde, Bogart, Vernon, McDonald, Strange, Coburn, and Clarke (Princeton).

REGISTRATION.—Drs. Bethune, Grant, Springer, Edwards, Cornell, Lawrence, and Hodder.

PRINTING.—Drs. Muir, Eastwood, Aikins, and Springer.

RULES AND REGULATIONS.—Drs. Adams, Carson and Berryman.

It was moved by Dr. William Clarke, seconded by Dr. Hyde, that the undermentioned members of the Council be a committee with full power to draft the amendments to the Act to be submitted to the House of Assembly, and report at the present session of the Council, viz.:—Drs. Berryman, Macdonald, Brouse, Aikins, Agnew, Lavell, Carson, Coburn, and the President, Vice-President, and the mover. Carried.

The minutes of last special meeting were now read and confirmed.

The Committee appointed to enquire into the petitions against the election of Dr. McDonald from Dr. C. Freeman; and against the election of Dr. William Clarke, from Dr. Yeomans, of Mount Forest, reported that they could find nothing in either of these protests to justify them in declaring the election of those members illegal, had they the power to do so. They find that voting papers, from some cause or other, were not received by some of the medical men to allow them time to record their votes.

The report was adopted, and the Council then adjourned.

SECOND DAY'S PROCEEDINGS.

The Council met at 10.30 a.m. All the members were present except Drs. Hodder, Berryman, Hyde and Adams. The President read the report of the Board of Examiners, which was referred to the Education Committee.

Dr. Campbell, in accordance with the notice of motion given by him yesterday, introduced a printed form of diploma to be granted to registered members of the College of Physicians and Surgeons. Referred to the Registration Committee.

Dr. Edwards moved the following series of resolutions for the consideration of the Council :—

1st. "That whereas much injustice has been done to the medical profession by prosecutions for malpractice, being brought before common juries generally composed of persons totally unfit to judge of the merits of the cases submitted to them, who frequently allow their sympathies with the plaintiff to warp their judgment, and award damages quite contrary to the weight of evidence. Be it therefore

Resolved—"That this Council apply to the Legislature for an act making it necessary that in all cases of prosecution for malpractice that certain skilled professional men do first sit on such case and decide upon the evidence laid before them, whether there are any grounds for such prosecution, and submit their decision to a common jury to assess the damages.

2nd. "That whereas much injustice has been inflicted upon the medical profession by being called upon to give evidence in criminal cases, without any remuneration thus putting them to expense, and taking them from their homes for days, and compelling them to neglect their business.

Resolved—"That a committee of this Council be directed to prepare an Act to be submitted to the Legislature, in order that this grievance may be remedied."

Referred to the special committee on amendments.

Dr. Aikins, the Treasurer, read the Balance Sheet, dated July 10th, 1872, which was as follows :—

RECEIPTS.

1871—June 8th. Balance on hand	\$1,851.61
1872—April 1st. Amounts received from students for examinations, less amounts refunded to un- successful candidates	2,471.00
Sundries.....	67.60
	<hr/>
	\$4,390.21

EXPENDITURE.

1871—June 9th. Payments to Council Members for 1871	\$862.85
“ June 9th. Balance due Medical Examiners, 1871	340.00
“ November 21st. Expenses of Executive Committee for meeting held this date.....	85.50 ^T
“ December 13th. Do.....	91.99
“ “ Payment of Dr. Strange.....	
Registrar on different dates	246.00
1872—April 12th. Medical Examiners for 1872	\$896.11 ^T
“ April 12th. To those students who contributed to avoid having the Examinations held at Kingston, over and above receipts from them for this object	40.00
Sundries (advertising, etc.).....	676.10 ^T
“ —July 10th. Cash in Bank of Commerce.....	1,151.66 ^T
	<hr/>
	\$4,390.21 ^T

(Signed)

W. T. AIKINS,
Treasurer.

The report was referred to the Finance Committee.

On motion, Dr. Aikins was re-elected Treasurer for the ensuing year.

Dr. Lawrence brought in a partial report of the Registration Committee, which stated that Dr. Strange had resigned his position as Registrar, and that there were five candidates for the vacancy, viz.:—Drs. Pyne, Temple, Wright, Graham and Stevenson.

A ballot was taken and Dr. Pyne declared elected.

Dr. Berryman moved “That the Council, having received the resignation of Dr. Henry Strange as Registrar, cannot allow the present opportunity to pass without bearing testimony to his anxious and pains-taking labors in connection with the organization of this Council in all its important and complicated details, and it cannot but feel that the future labors of his successor must be materially lessened by the accurate and methodical condition in which his books are found to exist.

Dr. Campbell seconded the resolution, which was carried unanimously.

Dr. Strange returned thanks in a few graceful remarks, and thanked the members of the Council individually for the courtesy he had received at their hands.

In reply to a question by Dr. Aikins, Dr. Pyne replied that he would reside in Toronto, and should arrive in the city in December.

Dr. Grant placed before the Council copies of the contemplated Dominion Medical Act for consideration. Referred to the Educational Committee.

Dr. Campbell moved that the Treasurer be instructed to pay no sessional fees for attendance or travelling expenses to any member leaving before the end of this session, without the permission of the President. He considered that when men accepted so important a trust as that of representing constituencies in the Council, no trivial reason should induce them to leave before their duty was discharged.

Dr. Aikins seconded the motion, which was carried.

Dr. Clarke read the report of the Committee on the Medical Act Amendments, as follows:—

“The Committee appointed to prepare a synopsis of the Amendments necessary to the Medical Act, beg to report, and suggest for consideration:—

1. That all medical men when examined judicially, be paid for their professional opinions.

2. An amended clause to make the penal one effective.

3. To get the power to acquire real property.

4. To establish a sinking fund.

5. Power to make an annual assessment on the profession, contingent on the amendment of the Penal clause.

6. To amend the Election Clause, and make it more simple and effective.

7. To lessen the number of the Council and Examiners.

8. To give a legal standing to the Executive Committee.

9. To give power to the Council to try all cases of Controverted Election.

(Signed,) W. CLARKE.

After some discussion clause 7 was expunged, after which the report was adopted as amended.

Dr. Clarke moved, seconded by Dr. Lavell, that the following gentlemen be appointed an Executive Committee for the ensuing year, with power to carry out the recommendations of the above report:—Drs. Lavell, Berryman, McDonald, Agnew, Muir, Eastwood, Coburn, Aikins, W. Clarke, Adams, Hodder, the President and Vice-President. Five members to form a quorum. Carried.

Dr. D. Clarke gave notice of motion for the appointment of a Committee to draw up a schedule of maximum fees for services rendered by members of the medical profession.

THIRD DAY'S PROCEEDINGS.

The Council met at 10 o'clock; all the members present except Drs. Grant, Brouse, Berryman, Hodder, and Adams.

Dr. McDonald moved "That the former Registrar, Dr. Strange, be instructed to hand over all books, papers, and documents appertaining to the office of Registrar to his successor Dr. Pyne, on the 1st of September, and that a committee be appointed to audit the books. Carried. The President appointed Drs. McDonald, Adams and Berryman."

Dr. Lawrence presented the report of the Registration Committee as follows:—

1. That 315 matriculants are registered.
2. The whole number of medical registrations up to the 1st July, 1872, is 1,528.
3. The number of registrations since last report is 91.
4. That the Council issue engraved certificates of registration, and that \$5 be charged for the same to all now registered members who choose to procure them.

After some explanation regarding the fourth clause, to the effect that it was purely optional on the part of registered practitioners, the report was adopted.

Dr. Campbell, in view of the great expense incurred annually by the Council, the important services it was calculated to confer, and the undesirability of extracting more money from the students than was absolutely necessary, moved that a Committee be appointed to wait upon the Government or some member of it, and request them to relieve the Council of the expense attending the examination of students.—Carried.

The Council then adjourned, to meet again at 2:30 p.m.

The Council met pursuant to adjournment. Dr. Campbell, from the committee appointed to wait upon members of the Government, reported that the committee had called upon the Hon. Messrs. Mackenzie and Gow, and had been very courteously received and listened to, and had received assurance that any memorial from the Medical Council would be respectfully entertained. The Government could do nothing in the way of a money grant at present, as the Legislature had never voted money for that purpose; but they were prepared to do what they could to lessen the Council's expenses by granting the use

of buildings, etc. The Council owed a debt of gratitude to the members of the Government for the courteous manner in which they had received the committee.

On motion of Dr. W. Clarke, the name of D. Clarke of Princeton was added to the Executive Committee.

Dr. Coburn read the report of the Committee on Finance, which was received, referred to a committee of the whole, and subjected to slight amendments, the principal of which was the reduction of the Registrar's salary from \$600 to \$500 in view of the Government giving an office to the Registrar.

Dr. Lavell introduced the report of the Education Committee which was referred to a committee of the whole. The report which was based on last year's announcement was afterwards adopted without amendment.

The following are the changes directed to be made in the annual announcement :

1st. That the first of the four years of professional study must be spent in some recognized medical college.

2nd. Clause 4, section 2, is expunged.

3rd. Two Courses, of six months each on Clinical Medicine and Clinical Surgery, instead of three months as heretofore. One course of six months on Medical Jurisprudence, instead of three ; and one course of three months each on Botany and Practical Chemistry.

4th. Every student must spend one period of six months in the office of a registered Medical Practitioner in compounding medicine, etc.

5th. He must attend the practice of a General Hospital for *eighteen* months.

6th. All candidates from recognized colleges outside the Provinces of Ontario and Quebec, shall pass the Matriculation Examination and attend thereafter one full winter course of lectures in some one of the Ontario Medical Schools and such other course or courses as may be necessary to complete the curriculum and pass the primary and final examinations before the Board of Examiners of the college of Physicians and Surgeons of Ontario.

Nothing in the above clause shall exempt residents of Ontario who after this date elect to pursue their studies outside the Pro-

vinces of Ontario and Quebec from passing four years in the pursuit of Medical studies after passing the matriculation examination before the examiners appointed by the Council.

7th. The Professional examinations will be held in *Toronto*.

8th. The examinations shall be competitive and the names of the successful candidates shall be placed in their order of merit.

9th. Should a candidate fail to pass his primary examination such failure shall disqualify him from proceeding with his final.

10th. That after this date no certificate of pupilage, or of attendance upon lectures in any college shall be recognized as valid unless the same is signed by a duly registered Practitioner, except in Chemistry and Botany.

The above changes in the curriculum shall take effect on and after the first of January, 1873.

The following gentlemen were appointed as Examiners for 1872-73: Dr. H. H. Wright, Practice of Medicine; Dr. Sullivan, Anatomy; Dr. Canniff, Surgery; Dr. Reid, (Bowmanville) Midwifery; Dr. Fulton, Materia Medica; Dr. Lizars, Physiology; Dr. Sangster, Chemistry; Dr. Campbell, Medical Jurisprudence; Dr. Field, Surgical Pathology; Dr. Muir, Sanitary Science; Dr. Morrison, Botany; Dr. H. Strange, Medical Diagnosis; Dr. Tuck, Toxicology.

The Secretary was instructed to publish 2000 copies of the Annual Announcement, for distribution amongst the members of of the Profession, Colleges, etc.

A By-law was then passed, fixing the salary of the Registrar at \$500.

A lengthy discussion then took place on a resolution moved by Dr. Aikins, to the effect that the name of Dr. Carson be expunged from all committees of the Council, owing to his violation of professional etiquette. A vote was taken by yeas and nays, and was carried with the following result: Yeas 14; Nays 6. The resolution was recorded.

After a vote of thanks to the Warden for the Hall, to the President for his courtesy in the chair, the Council adjourned *sine die*.

INTERMITTENT CEREBRO-SPINAL MENINGITIS.

BY GEO. NIEMEIER, M.D., NEUSTADT, ONT.

On Sunday morning the 19th of May, of the present year, I was called to visit a young married woman, aged about twenty-five years, whom I had safely delivered of a healthy boy, on the 14th of March last and who had been quite well ever since. I premise that at that time small pox was prevalent though on the decrease; still every week fresh cases of a milder type would occasionally break out. Going to bed quite well on Saturday the 18th, in the night she felt chilly, afterwards hot, and when I saw her, she complained of severe frontal headache; pain in the epigastrium, inclination to vomit and actual vomiting; general lassitude, pulse about one hundred; urine brown as coffee, and highly albuminous; the temperature decreasing from what it was during the night. The first question was: "Do you think, I will have the small pox?" My answer was: For all I know, you may, we will have to wait and see. I gave her a few Sedlitz powders that day and seeing her again on the morning of the 20th of May, she complained of having had a bad night and high fever. I gave her lemonade. On Tuesday the 21st when I paid my visit, I found her husband's brother there, a young man who is an Eclectic doctor, practicing somewhere near Toronto, who, without my knowledge had been telegraphed for by his brother to see his wife. The young man thought it was bilious remittent fever, and gave her, of course without my consent, Hydrarg. cum creta, and large doses of opium. I left, but upon the urgent solicitation of the husband I returned on the morning of the 26th of May, when I was informed that for the past four days she had violent fever and headache, commencing about six o'clock p.m., and lasting till six o'clock a.m., and though weak, she was comparatively well during the day. What was it? My answer was: Intermittent fever. I gave her four powders composed of Chinioidine, Salicine, Quinine, and Sulphate of Beeberine, to be taken at eight, ten, twelve and two o'clock. On Monday morning the 27th of May, I was informed that the fever the night before had only commenced about nine o'clock, and left about five a. m., that she had been delirious and screaming throughout the whole night.

She then complained greatly about pain in the head and neck ; marked opisthotonos ; indistinct, rather, double vision ; strabismus ; pupils contracted ; extreme deafness ; forearms, hands and kness thickly covered with an eruption similar to measles. What is this ? I was asked. My answer was, it is Intermittent Fever and Cerebro Spinal Meningitis. I told them at the same time that I was not aware such a thing could be possible, but nevertheless it was so. I applied blistering liquid to the temples and behind the ears, six wet cupping glasses and afterwards icebags to the nape of the neck, ice to the head and the same powders as the day before with a large dose of Chloral Hydrate for the night. Thinking it rather singular, I consulted when I came home, my whole library, and found at last in Niemeier's Practice, in the original German edition, under Meningitis, a description of an Intermittent Meningitis and I was then doubly sure that my diagnosis was correct. On Tuesday morning the 28th, I was informed that the fever had not returned, that she slept soundly ten hours after the Chloral ; upper and lower extremities cold ; head hot, excessive pain in the head and neck, the latter quite stiff ; strabismus ; complete deafness ; tongue moist and soft with white streaks in the centre ; eruptions more extensive ; great prostration ; pulse almost regular. Ordered hot mustard fomentations to the arms and legs, ice-bags as usual, Bromide of Potassium and Ammonium in large doses, four times a day, and Chloral for the night in case she does not sleep. For a few days she progressed as favourably as could be expected, when on the 3rd of June the husband demanded a consultation with another physician, which I refused, telling him that I had not the least doubt or hesitation about the disease or treatment and if he brought another doctor I would not return. He got another doctor and I did not return until he came again on the 9th of June, telling me that his wife was dying, and begging me to see her again. I visited her again on Sunday night, the 9th of June and found that extensive Pleuro-pneumonia of the right side had been going on for some time, that she was extremely low, suffering at the same time from a bed sore on the right trochanter. Ordered, tincture iodine, painted over the right chest, hot fomentations, a mixture of senega and muriate of ammonia and small doses of morphine. From that time till now I have been unremitting in my attendance

on her, and what experience and ingenuity could suggest, regarding diet and medicines, has been done and though weak and emaciated I have still hopes of her ultimate recovery. On the 1st and 2nd of June I had three new cases of the same disease, one in town, and two in the country, all three young men, between eighteen and twenty-one years of age, and in each case the intermittent fever commenced twice, not with a quotidian but with a tertian type, until with the third attack the symptoms of meningitis clearly showed themselves, in each case these young men were even partly able to work on the intermediate days. When I was called the intermittent type of the disease in two cases had left already and on account of the extreme rapidity of the pulse I commenced with tincture verat. viride, until the pulse was reduced and then followed it up with large doses of bromide of potassium and ammonium besides blistering, cupping and ice-bags. The eruptions in these three cases were large erythematous blotches; they recovered within from ten to twelve days.

I now ask the question: Is Cerebro Spinal Meningitis really an inflammation of the membranes of the brain and spinal cord? I deny it, because the intermittent type, as shown above, excludes the continuous process of inflammation. I can imagine an intermittent congestion, but an intermittent inflammation is a contradiction. Professor Miner, in the March number of the *Buffalo Medical Journal*, page 311, states that he did not find any symptoms of inflammation in the membranes, but that the appearances were normal.

I may add that two years ago last winter, there was an epidemic of meningitis, but not of an intermittent type, the first I ever saw, and of some twenty cases then attended by me, none died. They were similarly treated as now.

— . . . —

POISONOUS EFFECTS OF ANIMALCULÆ UPON THE HUMAN SYSTEM.

BY J. P. BROWN, M.D., GALT, ONTARIO.

As the following cases are somewhat anomalous, I consider it not inappropriate to communicate them to the *Lancet*.

About 10 p.m., on the 16th May last, I was summoned to a

butcher's, about a mile from town. On arriving, I found Mr. A——, his brother, and two hired men prostrated on the floor and bed, and laboring apparently under narcotico-irritant poisoning. The symptoms were vomiting, purging, burning pains in the stomach and bowels, cramps and contractions of the lower extremities, more or less stupor, constant thirst, pulse small and not much accelerated, except in one instance, and in that it was attended with cold clammy surface, and premonitory symptoms of collapse.

On hasty inquiry, I found that each patient had taken about a tumblerful of freshly churned butter-milk, except the last mentioned, who had taken twice the amount. Other members of the family, who had not taken the milk, were in their ordinary health. The milk was drank from an hour to an hour and a half, prior to commencement of symptoms; the first manifestation being that of giddiness. I also learned, that seven other individuals,—relatives of the family—and living in the village of Preston, had partaken of the same churning of butter-milk earlier in the day, with similar results, though of less severity. This of course was not known to the Galt family until within a short time of my arrival. The milk had been brought to Galt by Mr. A——'s father-in-law, immediately after churning.

The taste of the milk was as palatable as could be desired; and the friends positively asserted that it was impossible for poison to have got into it.

Judging from the facts, that ordinary mineral or vegetable poisons could scarcely be present, I administered ten drop doses of carbolic acid in albumen of egg, with the effect of quelling the emesis, and somewhat diminishing the frequency of the stools. The burning pains in the viscera and cramps in the legs remaining, I followed up the treatment by giving $1\frac{1}{2}$ gr. doses of opium, after an interval of half an hour. In the worst case the opium was repeated; but in no case rejected by the stomach. Natural sleep occurred after varying intervals; and, on the following day, two were able to pursue their ordinary avocations, though aching limbs with general weariness and soreness still remained. Mr. A——, himself, who suffered most severely, did not recover for several days.

Mr. Henry Miller, Chemist and Druggist, kindly tested the

milk for me, but found no trace of poison, either vegetable or mineral. We also examined it microscopically, and found large numbers of animalculæ. On examining good butter-milk of the same age and in the same manner, a small number of animalculæ were visible. In order to arrive at a satisfactory conclusion, a bottle of each sample of milk was set aside for a week. During this period, the latter divided, as is usually the case, into curds and whey; but the former, though left undisturbed, retained its consistency, and to the last looked as fresh as when churned. On subjecting it (the injurious milk) to the microscope again, it was found literally swarming with animalculæ, while the other sample scarcely exhibited any.

There are several conclusions, whether right or not, that I draw from the foregoing. First.—That in addition to the chemical tests used—the long interval which elapsed, between the imbibition of the milk, and the commencement of the symptoms, would preclude the possibility of ordinary irritant poisoning.—Second.—The presence of animalculæ, would preclude the same; as the existence of poisonous matters in themilk, would in all probability prove fatal to insect life.

Third.—That the animalculæ were the real evil; and that I am of the impression, that the germs or ovulæ, which produced them, were in the water drank by the cow which produced the milk.

I am aware—that many may say it is impossible, for living germs, to be absorbed from the chyme by the lacteals, carried by the blood to the milk follicles, and again absorbed into the mam-mæ. I acknowledge that it is impossible for a living animalcule to go through such an eventful career. The animalculæ examined, were as near as I could judge, from 1-5,000th to 1-7,000th of an inch in diameter. Remembering the immeasurable difference in the size, which always exists, between the germ or ovum, and the fully developed living being, it is quite possible for the germ of the animalcule to be so small, as to pass without obstruction through the lacteal and lactiferous absorbent systems; and that too without breaking any well established physiological law.—Physiologists tell us—"that cells cannot be absorbed without previous disintegration;" but if germs be so small as these disintegrated particles, I see no reason why their absorption should not take place, and that too, without destroying their inherent character and vitality.

GLAUCOMA.

BY R. A. REEVE, B.A., M.D.; LECTURER ON OPHTHALMIC AND
AURAL SURGERY, TORONTO SCHOOL OF MEDICINE,
AND ASSISTANT SURGEON TORONTO EYE AND
EAR INFIRMARY.

(Continued from page 504.)

CASE V.—SECONDARY GLAUCOMA OF LEFT EYE; GLAUCOMA
SIMPLEX OF RIGHT.

The writer was desired by a medical confrère to examine a patient *æt.* 72, whose left eye had been rendered blind by an injury received three years previously. The eye was stone-blind and very hard, and glaucoma had evidently set in secondarily, the occasional attacks of pain in it, of which the patient complained, being due to inflammatory exacerbations. The episcleral vessels over the recti were very turgid and tortuous. The iris was adherent to the lens, which was cataractous, and there was distinct tremulousness of both when the eye moved. The cornea was vascular from superficial inflammation.

The sight of the right eye had been gradually fading for at least two years. The patient had been practically blind for nearly a year, and he could now merely distinguish the position of a window. The eye had been quite free from pain. On a casual inspection, it appeared healthy, and the grey background to the pupil, apparent to the naked eye, naturally gave the impression that the case was one of simple cataract. However, on closer examination, the globe was found abnormally hard, (+ T. 1); the iris dull; the pupil large and inactive; by oblique illumination, the opacity of the lens destitute of striæ, &c., and like the diffuse physiological haziness of advanced age; and the suspicion of glaucoma simplex was confirmed by the use of the ophthalmoscope, which revealed deep cupping of the optic nerve, and atrophy of the choroid. In view of the condition of the nerve and fundus, and of the degree and duration of the blindness, it was thought inadvisable to suggest an iridectomy on the right eye, especially as the patient was anxious for treatment solely to regain his sight. The blow upon the left eye at the

time of the accident had very probably caused rupture or relaxation of the suspensory ligament of the lens. The latter had then become cataractous by mal-nutrition, and its oscillation had provoked sufficient irritation of the ciliary nerves to occasion hypersecretion, and, sooner or later, the absolute glaucomatous condition.

The value of the ophthalmoscope was manifest in this instance, for the appearance of the lens, the degree of vision, and the absence of pain were misleading, and suggestive of cataract. It may be remarked that the lens frequently appears clear with the ophthalmoscope, the details of the fundus being distinctly visible, when to the naked eye, or with oblique illumination, it seems somewhat opaque.

CASE VI.—GLAUCOMA SIMPLEX OF BOTH EYES.

The patient, a printer, æt. 56, has been in excellent health for a number of years, and worked at type-setting until $2\frac{1}{2}$ years ago, when he contracted granular lids, for which his physician treated him several months. He says the sight was not impaired and the eyes were not painful, but he remembers noticing a rainbow around the lamp-flame as long as the inflammation of the lids continued. For several years prior to the attack he had occasionally worn glasses in reading, but could dispense with them without inconvenience. Since then he has been unable to read without spectacles, and even with those that suit him best his eyes soon become tired and ache. He has never had any intolerance of light. His sight for distance has remained unaffected, and his eyes are quite comfortable when he is not exerting them. About a year ago the slight exertion of the eyes required in paring potatoes etc., would excite so much pain in the eyes as to make him desist. He has observed from time to time, especially when fixing his gaze, a peculiar blurring that has caused transient dimness. The eyes were examined with the ophthalmoscope by an oculist about eighteen months ago, and pronounced healthy.

The sight of each eye for distance was found to be normal, ($+1\frac{2}{3}$ J) and the field of vision good. With his own spectacles, No. 15 convex, the patient could read fine print (2J), the smallest at hand, at 10 inches. The tension was somewhat increased ($+T1?$). The pupils were of medium size but sluggish. The ophthalmoscope

shewed congenital excavation of each optic nerve, and slight but positive glaucomatous excavation, the vessels being bent and their contour altered at the margin of the upper half of the optic disk. There was pulsation of the retinal veins, and moderate pressure upon the eye induced arterial pulsation.

The retinal arteries were reduced in calibre, and a narrow whitish ring encircled each optic disc. The examination was made without previously dilating the patient's pupil.

[In cases of suspected glaucoma, even where the pupil is comparatively small, as it was in this instance, it is advisable to dispense with mydriatics, for not a few cases are recorded in which an attack of acute inflammatory glaucoma followed the application of atropine to eyes that were in the premonitory stage or the seat of simple glaucoma. The state of the optic disc and of a portion of the fundus can be satisfactorily determined without a previous dilatation of the pupil; though the latter certainly facilitates a thorough examination with the ophthalmoscope. Unless the iris be turgid or inflamed, a very weak solution of atropine (gr. j. to eight ounces of water,) suffices to relax the sphincter, without paralysing the accommodation, or producing that blurring and photophobia which remain for several days after the instillation of strong solutions. The writer is in the habit of using atropised gelatine discs, (by Savory and Moore of London,) of the strength of $\frac{1}{20000}$ of a grain each. One of these placed at the bottom of the conjunctival sac will ordinarily enlarge the pupil sufficiently in about an hour; and in a few hours the effect will have passed off. The sulphate of atropia is much to be preferred to the alkaloid itself, in preparing solutions. On account of the ready solubility of the salt, we can dispense with such adjuvants as acid. tart, alcohol, &c., that are used to render the alkaloid soluble, and that frequently tend to excite unpleasant and injurious irritation of the eye.]

This case offers a good example of the insidious nature and slow progress of simple or chronic non-inflammatory glaucoma, and of the utility of the ophthalmoscope in detecting the initial organic changes. The eyes were seemingly healthy, and the degree of vision excellent; and but for the fact that the asthenopia prevented the man from following his ordinary avocation, he would not have suspected any disease.

The age of the patient, his good far vision, the confirmed presbyopia, and the asthenopia unrelieved by convex glasses, the periodic dimness, in conjunction with the observing of the colored rings some time previously, pointed to glaucoma; and the ophthalmoscope revealed the real nature of the disease. It was somewhat doubtful whether there was, really, increased tension of the globe. There was, at anyrate, an excessive rigidity of the sclerotic, a condition of considerable significance, for a slight increase of the intra-ocular fluids would cause undue pressure upon the optic nerve, &c. The pulsation of the retinal veins may occur in healthy eyes, but the ease with which arterial pulsation was induced in this case must be considered abnormal. The combination of two forms of excavation of the nerve, the congenital, and the glaucomatous, is of some interest. The distinction between the two is best seen in the earlier stages of chronic glaucoma. A double displacement of the vessels is produced, one on the whitish band at the edge of the disc, and the other at the margin of the central, physiological or congenital cup. The latter has no special import, but where it is large, it may be confounded with that produced by pressure.

From the statement of the patient, the cupping apparently began only about a year or more previously; had it not been detected, the case would have been regarded as a protracted *premonitory stage*. The inception of the disease was most probably coincident with the conjunctivitis. The hyperæmia and irritation of the globe, caused by the state of the lids, would tend to light up a glaucoma where there was any predisposition to it. Any further irritation of the eye from excessive use or exposure would now probably induce an inflammatory attack, and result in marked impairment of sight. The cupping of the nerve may, however, gradually increase, and the sight finally become greatly impaired or lost—the eye assuming the absolute glaucomatous condition—without the supervention of any noticeable intercurrent inflammation. An iridectomy would now permanently arrest the disease, preserve the present degree of vision, and relieve the symptoms of fatigue on using the eye (asthenopia.) The patient was a waif, and did not place himself under treatment.

GENERAL REMARKS.—It is not our purpose to enter into an

exhaustive discussion of glaucoma, but rather to make some general remarks of a practical nature on the text furnished by the foregoing cases. The formidable nature of the acute variety of the disease, and the insidious but ultimately destructive character of its chronic forms, in conjunction with its amenability to timely and appropriate treatment, render its early diagnosis, in many cases at least, a matter of considerable moment. Happily, although the ophthalmoscope is an important, and, in numerous instances, an almost indispensable appliance in making a satisfactory diagnosis, there are certain symptoms not difficult of detection, that enable one, without its aid, to form a pretty correct judgment.

The acute and chronic forms of inflammatory glaucoma are preceded, in the great majority of cases, by what is termed the *premonitory stage*; and a brief reference may be made to the main symptoms of this condition. 1st. Increased tension of the eye-ball. The degree of tension often affords a clue to the condition of the eye. It is ascertained by placing the fore-finger of each hand upon the closed eyelid, above the cornea, and gently practising palpation on the globe. A set of symbols has been introduced by Bowman, of London, by which we express nine degrees of tension: Tn being tension normal; the + sign indicating increased, and the — sign diminished tension. Increased tension is characteristic of glaucoma, and whenever an eye is found abnormally hard, it should be watched, and the patient instructed not to neglect it if other symptoms present themselves. 2nd. The rapid increase of any pre-existing presbyopia. This is due to a want of innervation of the ciliary muscle from pressure upon its nerves, by which the accommodative power is very markedly impaired. The fact that a patient has been compelled to increase the strength of his reading-glasses frequently within a short period, should lead us to examine the eyes critically. 3rd. Dilatation and sluggishness of the pupil, especially the latter—due to pressure upon the ciliary nerves. 4th. Periodic dimness of sight, due to temporary cloudiness of the aqueous and vitreous humours, and defective intra-ocular circulation. 5th. The appearance of a halo or rainbow round a candle or lamp-flame—a common and significant symptom. 6th. Ciliary neuralgia—fleeting circum-orbital pains. 7th. Venous

hyperæmia. When organic changes ensue, as cupping of the nerve, &c., with permanently impaired vision, the premonitory stage ceases, and confirmed glaucoma (*G. evolutum*) is present.

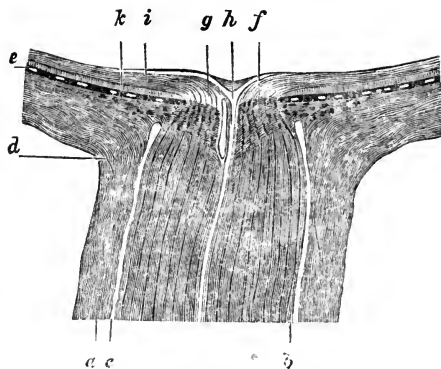
The prodromata may be so mild as to escape the patient's attention; and they may be so marked, as to simulate incipient iritis or acute *conjunctivitis*. In simple iritis, &c., however, the tension of the eye remains normal. The premonitory symptoms recur at longer or shorter intervals, the eye returning to an apparently healthy state; but, sooner or later, an attack of acute glaucoma is developed, and perhaps repeated, or the eye lapses into the chronic inflammatory condition; and ultimately passes into glaucoma absolutum, the features of which are well exhibited in Case 1. The condition of the nerve, as seen in Fig. 2, lends an explanation of the ophthalmoscopical appearances. The cup occupies the whole area of the optic disc. The dilated retinal veins, on reaching its edge, become enlarged and darker, and, with a more or less abrupt or beak-shaped curve, dip into the cup, on the bottom of which they appear smaller and ill-defined. Frequently, as was seen in Case 3, the vessels seem dislocated at the border of the excavation, the trunks on the disc being displaced laterally even to the extent of their own width. The reflection from the connective tissue ring through the thinned and atrophied choroid, occasions the whitish ring, more or less broad, encircling the optic disc, in glaucoma. The cupping, &c., must be regarded as the physical effect of the increased tension, the degree and duration of which regulate the depth of the excavation. In the normal eye, the retinal vessels pass over the margin of the optic disc without any bending, as may be judged from Fig. 1.

The symptoms of acute glaucoma are fairly exemplified in Case 2. The suddenness of the attack and of the ensuing blindness, the dilated pupil, insensitive cornea and increased tension, would establish a diagnosis apart from the consideration that the other eye had been already lost.

The main distinction between the acute and chronic inflammatory forms is, that in the latter, as a rule, the eye becomes lost without the supervention of any acute attacks, as shown in Case 3.

The course, symptoms and final result of simple glaucoma

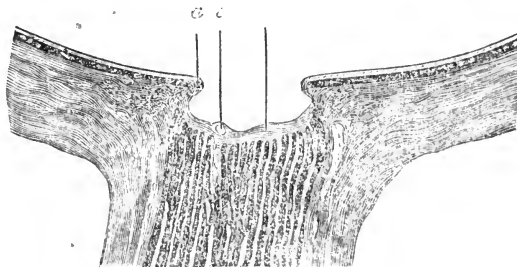
Fig. 1.



Longitudinal section of Optic Nerve and Tunics of the Eye.—[From STELLWAG.]

- a* Outer, thick, fibrous optic-nerve sheath, passing into the posterior and middle layers of the *sclera*, *d*.
- b* Inner, thin, fibrous sheath encircling the nerve-trunk up to the posterior border of the choroidal foramen, behind which it forms the so-called connective-tissue ring.
- c* Lymph-cavity between the outer and inner sheath, ending anteriorly in the *sclera*, and communicating posteriorly with the arachnoid cavity.
- e* Choroid.
- f* *Lamina cribrosa*, formed by fibrous elements given off from the inner surface of the connective tissue ring and from the fibrous outer sheath of the *arteria centralis retinae*, *h*. The optic nerve fibres, *g*, are shown in their continuity, passing through the cribriform tissue, losing their opaque sheaths, and spreading out in the anterior part of the retina.
- k* Bacillar layer of retina, *membrana Jacobi* (rods and cones.)

Fig. 2.



Longitudinal section of Optic Nerve, &c., showing the anatomico-pathological changes in total glaucomatous or pressure excavation.—[From STELLWAG.]

- The optic disc, instead of being slightly convex, as in Fig. 1, is deeply cupped with steep or even overhanging borders, *a*. The optic nerve-fibres are atrophied, and the *lamina cribrosa* distended and pressed backward, and forming the walls of the excavation. The cavity is flask or kettle-shaped, from the narrowing of the nerve-trunk as it approaches the choroidal foramen. See Fig. 1.
- b* Nervous fibres, occasionally preserved, which pass over into the retina, the atrophied condition of which is made manifest by contrast. See Fig. 1.
- The central vessels, *c*, are adherent to the sides of the cup. They are, therefore, much displaced, and undergo a double bending ere they course over the fundus.

have already been illustrated by several cases ; but it should be remarked that, in the majority of instances, inflammatory attacks of varying degrees of severity do occur, with the effect of hastening an untoward result. In a case that first came under treatment in '69, several such attacks have supervened, the patient refusing to submit to an iridectomy.

While the ophthalmoscope may be necessary in such a case as No. 5, a little care will always suffice to distinguish the secondary cataract of absolute glaucoma, as in Case 1, left eye, from uncomplicated cataract. The normal tension, the healthy iris, and active pupil, the degree of sight, and the absence of pain in the history of the latter, would be conclusive.

There seems to be some misconception of the degree of blindness produced by simple mature cataract, that may be adverted to here, as likely to produce mischievous results in practice. The writer has now under his care a patient whose left eye has been stone-blind for years, but was operated on not long since by a surgeon, who couched the lens. In Case 1, left eye, for example, there was a mature senile cataract, but an extraction would have been worse than useless ; for the eye was stone blind, and nearly as hard as a marble, and, no doubt, the nerve was in the condition shown in Fig. 2, page 562. The vision of the right eye, in Case 5, was perhaps more defective than is usually the case in simple cataract ; and, as a general rule, in cataract, no operation should be done, simply with a view to restore the sight, unless the patient can discern a lamp-light in a darkened room, or the daylight streaming through a window, and the motion of an object between the eye and the light. The field of vision is very often curtailed in glaucoma, especially on the nasal side, so that we can often get useful information by testing a patient's vision with a lamp, in a dark room, or with a piece of chalk and blackboard—as in Case 4.

In connection with case 1, it is worthy of remark, that the symptoms of sympathetic gastric disturbance, nausea, vomiting, &c., occurring during an attack of acute glaucoma, have not unfrequently been regarded as pointing to a bilious attack : and it would perhaps be advisable, in cases of suspected bilious disorder, in elderly persons, to examine the eyes, if any complaint is made regarding them.

Whatever tends to arouse excessive secretory activity within the eye, favors the development of the glaucomatous condition—especially if the sclerotic be unyielding. Secondary glaucoma frequently supervenes on various diseases that excite sufficient irritation to incidentally act in this way, *e.g.*, diffuse corneitis, serous iritis, traumatic cataract, &c. ; and displacements of the lens, as in case 5, or after couching. Thus in the case of a farmer, æt. 51, who came under treatment five months after the operation of couching had been done on his left eye, the ball was abnormally hard, the eye red and irritable, and occasionally painful, pupil fully dilated, sight very poor, the hard nuclear part of lens rocking to and fro on the ciliary processes and iris, and the posterior capsule opaque. There was sympathetic irritation of the right eye, excited by the glaucomatous condition of the other, and the patient was unable to do his work. The nucleus was removed through a linear wound at the margin of the cornea; and in a fortnight the patient was dismissed with both eyes comfortable. Couching is now very properly discarded, because in a very large percentage of cases it not only destroys the eye by secondary inflammation, but endangers the safety of its fellow.

The etiology and essential nature of glaucoma are not fully understood. We know that increased tension is its most characteristic symptom; that it is a disease of senility. The rigidity of the sclera seems to play a part in developing the disease. Females are more susceptible of the disease than males, and they are especially liable at and after the climacteric period. The disease seems to be hereditary, and, as a rule, it attacks both eyes, though not simultaneously.

The prognosis of glaucoma is very unfavorable if the disease be neglected or inefficiently treated, for it ultimately destroys the sight, and in many cases produces in addition harrassing pain and physical debility.

The most important point in the treatment is to secure the permanent reduction of the excessive intra-ocular tension. This desideratum can only be effected by iridectomy. There is not an operative procedure in the whole range of general and special surgery that eclipses, in the rapidity and efficiency of its curative effects, iridectomy in acute glaucoma, as introduced by the late

Von Graefè. Paracentesis corneæ, the so-called tenotomy of the ciliary muscle, &c., have been found to exert only a temporarily beneficial result, whereas excision of a segment of the iris produces a radical effect. And the sooner it is done after the disease proper has appeared, the more perfect is the cure. If the operation is put off until marked organic changes have ensued, only partial success attends it. Hence it should be done before the premonitory stage passes over finally into the disease proper, or if acute inflammatory glaucoma has set in, the operation should be done without delay. In many cases, if done within a fortnight, the result is most excellent; and even when in late stages, if the field of vision be good, a useful amount of vision is restored. In the variety termed *glaucoma fulminans*, which is the most acute and destructive in its effects, the operation should be done as soon as possible. In the chronic-inflammatory form, the operation will, in the less advanced stages, generally stay the progress of the disease, and preserve the existing vision. In the simple or chronic variety, the operation proves useful, but, unless done early, it generally fails to improve vision. The disease is, however, arrested, and in more than 90 per cent. permanent protection from blindness is obtained. If the first operation produce an imperfect result, another segment of iris may be removed, and the effect is better when this is done from the side opposite to the first excision. In the last stages of glaucoma, if an iridectomy does not suffice to relieve pain, &c., it is sometimes advisable to enucleate the eye. At whatever stage the iridectomy be done, the incision in the cornea should be peripheral; a large piece of iris (about one-fifth) should be excised, the coloboma extending to the ciliary processes; and great care should always be exercised that the iris does not remain included in the wound, and so become involved in the cicatrix (anterior synechia), for its inclusion indirectly promotes the secretory irritability of the eye, and, therefore, a relapse. The typical compound coloboma is key-hole shaped, the edges of the artificial pupil being of equal length. When an iridectomy cannot be obtained, the inflammatory attacks—which are sometimes only distinguishable from simple iritis, or choroiditis by the increased tension or nerve cupping—should be treated by tapping the anterior chamber, atropine topically, morphia hypodermically, and depletion from the temples.

Paracentesis corneæ is often very useful, and iridectomy indispensable in secondary glaucoma, as *e. g.* in pannus, large corneal cicatrices from deep and extensive ulceration, progressive staphyloma, traumatic cataract, choroidal diseases, &c.

Selected Articles.

MULTIPLE ANEURISMS.

CASES TREATED BY DR. MCLEOD, GLASGOW ROYAL INFIRMARY.

Lake, a discharged soldier, aged 37, had first noticed a pulsating tumour over the middle of his left femoral artery five years ago, when serving at the Cape. He ascribed the affection then seen to a strain. The nature of the tumour was recognized by his regimental surgeon, and an ineffectual attempt made to cure it by compression. He was dismissed from the service on account of the aneurism, and since his return home several other aneurismal swellings had appeared. There were, on admission, two on the left femoral; one on the left external iliac: one large diffused one in Hunter's canal on the right side, and two others higher up between the limits which the diffused one had attained and Poupart's Ligament. No other similar tumour was found elsewhere, and the heart, so far as could be made out, was free from disease. He was much emaciated, and suffered great pain in the right leg. Subcutaneous injections of morphia greatly relieved his suffering. The signs indicative of aneurism were very distinct and characteristic in all the tumours. From the giving way of the vessel in the lower part of the right thigh, and gangrene of the limb, which was impending, I determined to make an attempt to save his life by amputation in the thigh. No more hopeless case could well be imagined, and if it had not been for the courage displayed by the patient, and his strong entreaties to "give him a chance," I would hardly have ventured to operate. There was a very limited space between the mass of diffused blood below, and the next highest aneurism on that side and there was every reason to fear that the whole femoral was diseased. The patient was so weak I could not venture to move him from his bed, so I amputated his limb there, by the circular method. The artery held the ligature well and closed most successfully. He rallied quickly, and recovered perfectly, the aneurisms on that side becoming both rapidly consolidated, and one of them being quite absorbed before he left the hospital. He has resumed his occupation as a fish-hook maker, and the tumours on the left side make no progress.

Excision of the upper Jaw.—During this quarter I tried a modification of the ordinary way of operating, which, I think, was attended with very decided advantages. I have employed this modification twice since then in the hospital, and in all three cases the patients lost very little blood, and recovered rapidly. The point I allude to consists merely in beginning the incisions where they usually end, viz., at the outer angle of the eye, and dividing the articulation with the malar bone, before the incision is made any farther than merely allows of this being done. The orbital fascia is separated, and the eyeballs raised, before the incision is continued down the side of the nose, and the nasal process is also divided, and all bleeding vessels tied, before the lip is cut or the soft tissues raised. The division of the upper lip and the bony palate are thus left to the last, and the hæmorrhage is reduced to a minimum, and the annoyance which it occasions by the patient, (who has had time to recover partially from the chloroform when the other method is followed), ejecting the blood from his mouth, as is often the case, on all the bystanders, is avoided. When the operation is accomplished in the way I have above described, the hæmorrhage is much diminished, and the patient can be well anæsthetised before those final incisions are made by which blood gets an entrance into the mouth, and thus much of the repulsiveness of the operation is avoided.

Retention of Urine.—We receive a large number of these very troublesome cases. As a rule, the retention is due to organic stricture, but not a few patients present themselves in whom the retention arises from the congestion which so often follows a fit of intemperance. There are few affections in which one has more frequently to deplore incautious and rash interference, than those of retention, from whatever cause arising. Very few cases come into the hospital that have not been seriously injured by the careless or ignorant employment of instruments; and in the great majority of these cases—those of organic stricture and enlarged prostate—relief is obtained, after admission, without having recourse to instruments at all. The rule in my ward is to give patients a warm bath, and to inject subcutaneously $\frac{1}{8}$ gr. of acetate of morphia, when they are in the bath. If this fail, they get a full dose of castor oil and tincture of opium, followed by an-

other hot bath, and if that fails I am sent for. I can easily recall the few cases, out of the large number admitted, in which I have been forced to employ the catheter to relieve pressing symptoms, and in no case since I entered the hospital, has it been necessary for me to puncture the bladder. Chloroform is of inestimable service in the management of such cases. Twice within six months I have been able to fulfil two objects—to relieve the bladder and cure the stricture—when compelled to use instruments in retention, and it was as bearing on that circumstance, that the foregoing remarks were made. Having failed in one case of very close organic stricture, with much laceration of the canal, to introduce a catheter, I passed, with little difficulty, Holt's dilator, which, from its shape and construction, is very well fitted to pass a tight contraction, and thus I was able to split up the stricture at the same time that I relieved the bladder. This I have subsequently repeated in a similar case, with equally good effects; and, as such a use of Holt highly commended itself to me as a ready and effectual way of "killing two birds with one stone," I thought it worth while to relate it. I may add that it were well if the profession without the walls of the hospital would exercise more caution, and use less force in dealing with cases of retention.

Excision of the Tongue was successfully performed on a man aged 57, who suffered from epithelial disease for six months before admission. I had to remove the whole of the tissues below the tongue down to the muscles. The ecraseur was used. The patient was sitting up the day after the operation.

Hernia.—It is worthy of record that two cases of strangulated femoral hernia in young males came in during the half year. One patient was aged 20, and the other 18 and neither could give any account of how they had ruptured themselves. Both were sent into the house after many hours' strangulation, and with very urgent symptoms. They were operated on immediately after admission. In one the sac was opened, and he died on the third day of peritonitis. In the other (the less favourable of the two) the sac was left untouched, and he recovered rapidly.

Severe Compound Fracture of the Skull, with loss of bone.—

From several very severe head injuries treated during the half year, I select the following :

A. D., aged 16, miner, sent in by Dr. Gorman, of Rutherglen. Had been crushed by the falling of a large stone from the roof of the pit, and a piece of bone (which he produced from his pocket) as large as a florin, knocked out of the left temple. The skull was fractured extensively over the left frontal and parietal bones, and the brain exposed at the spot from which the piece of bone was removed. There was also a large scalp wound across the back of the head. There was some bleeding from the wounds, but otherwise no complication arose. He never suffered pain or any disturbance. Both wounds healed quickly, and with very little suppuration. He never, after the first stunning effects of the blow passed off, had any "head symptoms" whatever, nor any form of paralysis. The pulsations of the brain, which had been very apparent after the wound healed, wholly disappeared before he left the hospital. Quietness, low diet, and attention to his bowels comprehended the whole treatment required. The patient's youth made the prognosis favourable from the first, and also the fact that the brain was not apparently lacerated, nor any fragments driven downwards.

Ovariectomy.—In the case operated on this half year, the method of managing the pedicle by torsion, which I brought under the notice of the profession in 1870, answered admirably. There was no difficulty with it, and not a drop of blood escaped. The case ended fatally. The tumour was a multilocular one, and the adhesions very extensive and firm, and the hæmorrhage therefrom very difficult to check. The operation was necessarily a long one, yet the patient (a woman of 35) rallied well. She died suddenly in 26 hours, apparently from exhaustion, as nothing wrong was discovered on *post-mortem* examination. The vessels of the pedicle were found to be quite impermeable and not to have shed a drop of blood.

Healing of Ulcers.—I have had several opportunities, during 1871, of trying the method I explained the previous year of healing ulcers by covering them with serum. I propose to enlarge the observations during the coming year, and vary the methods

already employed. Several striking results have, however, been got. In one case, for, example, a sore the size of a penny was healed in 48 hours—in another one of three ulcers, each about the size of a florin, was experimented upon, and closed in three days, while the other two, in all respects similar, but treated by “water dressing,” remained unchanged. In another case four hours and a half sufficed to produce a thin bluish covering of epithelium like the “healing line” along the edge of contracting sores. Considerable care is requisite to ensure success, as the fluid must be carefully protected from contact till it “sets.” When these experiments are complete I will give an account of them.—*Glasgow Medical Journal.*

DR. LIEBREICH'S ART CRITICISMS.

The eminent German Ophthalmologist, Dr. Liebreich, who, about a year ago, migrated from the continent to London, has created no small stir among the artists, art critics, and art teachers, by what they call his audacious explanations of the peculiarities of Turner's and Mulready's later paintings. After Ruskin and his disciples had exalted Turner and his style so high, and poured such withering contempt on all who are not prepared to echo their views, it is naturally most galling and displeasing to them to have this surgeon attribute these “wonderful effects” to nothing more nor less than a disease of the eye.

Those of our readers not fully acquainted with the subject will readily comprehend Dr. Liebreich's views from the following brief and lucid exposition of them in the *New York Nation*. The year in which Turner's style commenced to manifest its peculiarities was 1831, after which date his pictures, Dr. Liebreich maintains, are altogether out of drawing. This disease consists in an affection of the crystalline lens, which, in its first stages, causes in the eye of the painter a diffusion of light, preventing his seeing with precision and definiteness the lighted parts of the object of vision, and this diffusion got expression in the pictures in a sort of bluish haze; then afterwards, as the disease made progress, a limited opacity developed itself in the crystalline lens, the consequence of which was, speaking roughly, that the

painter could see illuminated surfaces vertically, but could hardly at all see horizontally; a mere point of light he saw as a vertical line which was the longer in proportion to the intensity of the light. Thus there will proceed from the sun in one of Turner's later pictures a vertical streak of light dividing the picture into two halves unconnected by any horizontal line. Objects less illuminated are distorted less, but still are all distorted more or less; thus persons in a boat, or houses near a canal, blend so entirely with their own reflections in the water that no horizontal line of demarcation between substance and shadow is in any way visible. The justice of these criticisms, which confounded many of his auditors, Dr. Liebreich is said to have demonstrated by means of a screen, a magic-lantern, a lens, and a copy on glass of one of Turner's Venetian pictures, painted before his eyesight had become affected. Placing the copy in the magic-lantern, he threw on the screen the picture as painted; then applying to the lantern a lens simulating the diseased eye, he showed to the audience the picture as Turner painted it on his second visit to Venice in 1839; "the resemblance to his pictures painted after this date was certainly very striking," says the *Academy*.

Most of the English medical weeklies coincide with the foreign savant's demonstration. But *The Doctor*, a London monthly, attacked it bitterly, and "exposed its fallacies;" and the *Saturday Review*, which is nothing unless critical, as everybody knows, and has been in times past savage on the Turnerites, disputed Dr. Liebreich's conclusions, though it blundered badly in its optics in doing so.

Later, a writer in the *Nation* defends Turner on the ground that whether the Turneresque effects may or may not be produced by a diseased lens and simulated by an artificial one, Turner, nevertheless, did wittingly what he put on canvas, as anybody can prove to themselves by looking at the sun and watching the effect on the visual powers of such excess of light. It will produce similar streaks of light and indistinctness of outline.

We presume the battle is by no means done yet. If the Turnerites take as their own the position that true art, the highest art, ought to represent objects as they appear to diseased or to half-blinded, tear-filled, dazzled eyes, and not to the eyes of

health and comfort, they will doubtless maintain it with the same obstinacy as they have other equally sensible theories; and will, indeed, add still further to the lofty contempt with which they have regarded those artists who love to portray nature in her calm simplicity, in her sane and clear surroundings, in her positive yet infinitely suggesting forms, in her austerity and firmness, in her minute fidelity, and in her rigid positivism—qualities which they rank too low to allow any place in art.—*Phil. Med. and Surg. Reporter.*

KING'S COLLEGE HOSPITAL, LONDON.

AMPUTATION OF THE THIGH.

The patient was admitted into King's College Hospital in March, at which time there was considerable tumefaction of the knee and wasting of the thigh; there was severe pain on pressure over the patella, and the external parts of the joints; frequent painful startings of the limb occurred at night; and the patient was much reduced in general health. Mr. Smith ordered local and general treatment, with the hope that anchylosis might occur; but, the symptoms continuing, it was resolved that excision of the knee should be performed. A very careful examination of the patient, however, was instituted, and it was ascertained that the urine contained a large quantity of albumen. Under these circumstances the operation was deferred, with the hope that the quantity of albumen might diminish; but no material change occurred in that respect, and amputation was determined upon and performed, the ordinary flap operation being executed. On examining the joint, it was found to be in progress of entire disorganization, the cavity being filled with purulent matter, the cartilages ulcerated, and the synovial membrane degenerated.

REMOVAL OF SCIRRHOUS BREAST.

The patient was under the care of Mr. Henry Smith. She had presented all the usual signs of scirrhus disease of the breast; but on the operation-table a thin fluid was observed oozing from the nipple, which is not usually seen in this disease, but is common in cystic disease of the breast. After removal, the tumour on section showed a good specimen of scirrhus. This case, Mr. Smith observed, was a

very favorable one for operation. No glands were implicated, and the skin over the tumour was not adherent. The more he saw of this class of cases the less eager was he to operate: for if the disease is at all far advanced, all efforts to preserve life are nugatory. He refuses to operate in more than fifty per cent of the cases which come under his observation, as the patients do not come early enough. However, in this case, he hoped both to relieve the patient from her present anxiety and pain and to prolong her life.

HARE-LIP.

After the operation, Mr. Smith showed a child on whom he had operated some weeks ago for hare-lip. The child had also a cleft palate. This was a very bad case. The child had been operated upon before in the country; but, owing either to some failure in the after-treatment or the crying &c. of the child, the edges of the wound had not adhered. Those who saw him perform the operation would remember that he expressed his fears that the result might be good; for he had to pare away a great deal, and also had to detach the cheek almost as high as the orbit, so as to bring the pared edges together. After the operation a spring cheek compressor was put on. The child, as they saw, had done well, and this result was extremely good.

LIGATURE OF THE SUBCLAVIAN.

Sir W. Fergusson ligatured the subclavian for aneurism of the third part of the artery. The patient, a man about forty years of age, had noticed a pulsating swelling at the root of the neck, on the left side, since Christmas. He had been under treatment, and was at last sent to the hospital. The tumour was near the mesial line, and it was difficult to decide, before operating, where the artery should be tied. An incision was made along the clavicle, and then others above and below at right angles to it. After a long and careful dissection the aneurismal tumour was come upon, overlapping the scalenus muscle. It was pushed outwards and downwards and then the scalenus was seen; there was then some delay in making out the artery; at last it was seen on the outer margin of the muscle, and was ligatured there. Sir William Fergusson said this was the fourth time he had ligatured the subclavian; the first time more than forty years ago. The operation was a troublesome affair, as most of them are. A curious thing was noticed towards the end of the operation—a white serous fluid was seen at the bottom of the wound, and probably the thoracic duct was injured; yet it might not be so, as the subclavian was not seen, and he did not think he was near the angle where the duct joins the vein. The danger in operating on the left side is always greater on account of the duct.—*Lancet*.

REFLEX PARALYSIS.

Cases have been met with and recorded by medical men, of paralysis, which the amount of disease present in the nervous centers or coverings in post-mortem examinations did not satisfactorily account for, but which were associated with injuries and diseases of organs remote, and not immediately contiguous to the spinal marrow or the medulla oblongata.

These cases, I believe, are now generally regarded by writers as cases of reflex paralysis. Dr. Brown-Séquard was the first to use this term in his Lectures on the "Diagnosis and Treatment of the Principal Forms of Paralysis of the Lower Extremities," in 1861; and Dr. Jaccoud, in 1864, after objecting to this term, proposed to name this variety of palsy "paralysis from peripheral irritation;" and Dr. Handfield Jones, in the same year, employs the term "inhibitory paralysis" in his "Clinical Observations on Functional Nervous Diseases." Mr. Stanley, in 1834, records cases of paraplegia in which no morbid lesions could be detected in the cerebro-spinal axis, but where gonorrhœa, or diseases of the bladder, or renal affections had existed. Romberg, Graves, Rayer, Spencer Wells, and many others, from time to time, have recorded similar cases, showing that paralysis of remote parts may be associated with, and follow as an effect of renal disease, disease of the uterus, dysmenorrhœa, metritis, irritation from worms, teething, carious teeth, etc. If you scratch a pimple, the itching sensation is thrown to other and distant points, a homely but forcible illustration of the principles now under consideration.

But it is now my desire to briefly call attention to a variety of reflex palsy first spoken of by Drs. S. Weir Mitchell, George R. Moorehouse, and W. W. Keen, of Philadelphia, in 1864, which results suddenly from mechanical injuries, particularly gun-shot wounds: "for example: a wound involving the muscles of the right thigh, followed by reflected paralysis of the right arm and left leg; a wound of the right thigh, causing paralysis of the right arm; a wound of the right testicle, followed by paralysis of the right anterior tibial muscle and peroneus longus; a wound of the external part of the left thigh, producing anæsthesia and

analgesia of a corresponding part of the right thigh; a wound of the right thigh, probably involving the crural nerve, in which there was motor paralysis of the right arm." More examples might be given, and cases farther cited, but I deem those above quoted sufficient for illustration, and will give but one other example that came under my observation and care. Last fall, a German, forty-five years of age, fell from a loaded wagon; the wheel ran over his right leg, producing a very severe compound comminuted fracture, contusing and fearfully injuring the soft parts. Profuse suppuration came on, gangrene was strongly threatened, but eventually the wound healed. The man walked, but suddenly, on the 6th day of April, 1872, some six months or more from receipt of injury, paralysis of the right arm manifested itself, especially affecting the deltoid and extensor muscles, but not involving the use of the flexor muscles. By placing the palm of the hand flat upon a table he could not raise it; by turning it over he could, with ease. Now, May the 20th, he has almost entirely recovered the use of his arm, thus, by another example, supporting the remarks of prognosis made by Mitchell, Moorehouse and Keen: "That however great the lesion of motion or sensation at first, in all cases it grows better early in the case, and continues to improve until the part has nearly recovered all its normal powers; but in nearly all some relic of paralysis remains, even after eighteen months or more from date of wounding." They further remark that, "In some the part continues weak, in others there is still some slight loss of sensibility, and in others there persists considerable loss of power and sensory appreciation. In a case of reflex paralysis from a wound, we have, therefore, some right to expect that the patient will rapidly recover up to a certain point, but that in most cases a small amount of loss of power and sensation may be left." I have thus lengthily made the quotations above, because deemed so very applicable to the case cited, and hope they may be of interest, especially to those that may, perchance, have similar ones.—(*Dr. Simmons in the Med. & Surg. Reporter.*)

APPOINTMENT OF CORONOR.—Dr. P. H. Spohn of Penetanguishene, has been appointed coronor for the county of Simcoe.

ASPIRATION IN THE REDUCTION OF HERNIA.

At the meeting of the Académie de Médecine on May 21st, (*Medical Times & Gazette*,) "M. Demarquay presented a man 21 years of age, in whom he had reduced a strangulated congenital inguinal hernia by the aid of aspiration. On May 5th a tumour appeared in the left groin, accompanied by severe pains and vomiting, which persisted next day. At the end of twenty-four hours he was taken to the Paris Maison de Santé, where the taxis was employed without success. Ice was applied during the next twelve hours when M. Demarquay saw the patient. His features had undergone a great change, and fever was set up. A congenital, elongated, voluminous inguinal hernia was found to exist, and M. Demarquay paid the more attention to other measures, inasmuch as he had never succeeded in curing this description of hernia by operation. He applied carefully the taxis, while the patient was put into a deep sleep, with no effect, and he determined to try the effect of removing the intestinal liquids and gases by means of aspiration. A fine trocar was passed into the centre of the tumor, and by means of Potain's aspirator, about 120 grammes of intestinal liquid were drawn into the recipient. The tumor subsided completely, and the trocar having been removed, some minutes were allowed to elapse without touching the tumor in order to observe whether new liquids or gases would enter the strangulated intestine. No renewal of the tumefaction took place, and very slight pressure upwards sufficed to procure the return of the intestine into the cavity of the abdomen. The patient was kept quiet, and on low diet, fractional doses of opium being administered. No ill consequence followed. The case M. Demarquay regards as striking, and he proposes to apply this new mode of treatment—1. In all congenital herniæ and to recent herniæ which become strangulated at the time of their formation. 2. To old herniæ which were quite reducible a few days prior to strangulation, and in large umbilical herniæ that have been recently strangulated. 3. Aspiration, which has for its object facilitating the employment of the taxis, should only be employed at an early period, when one can be well-nigh certain of returning into the abdomen the intestine in an unaltered state, and capable of resuming its functions."—(*Medical Cosmos*.)

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, AUGUST 1, 1872.

MEETING OF THE MEDICAL COUNCIL.

The meeting of the newly elected Medical Council, the proceedings of which we give in another place, was held in this City, commencing on the 10th ult., and continuing three days.

There was not a very large amount of actual business before the Council, a great amount of it being merely routine; yet the meeting was, upon the whole, an interesting and pleasant one. Considerable discussion took place on various matters engaging their attention, and a great deal of time was spent in this way, not wholly unprofitable, although, in some instances, much was said that might better have not been said—we refer to those personal issues which are always cropping up when men of different views are brought in contact. The first day was occupied chiefly in the appointment of the officers, committees, &c.; Dr. Dewar, of Port Hope, who has been a member of the Council since 1866, was unanimously elected President, and Dr. Campbell, the leader of the Homœopathic and Eclectic section of the Council, was elected Vice-President. Dr. Dewar, in returning thanks to the Council for the honor conferred on him, took occasion to refer to the high standard of examination, which he said would compare with any board in the world. He also referred to the matriculation examination, to which he took exception. He would waive the examination in Greek, but would make compulsory an examination in German or French,

and would also insist on a thorough examination in the English branches. He said it was impossible to speak of a man as highly educated who was deficient in English. He also alluded feelingly to the illness of Dr. Hodder, the representative of Trinity College Medical School, which deprived them of his presence and assistance. Dr. Campbell also returned thanks for the highly honorable position in which the Council by an unanimous vote had placed him. He entirely concurred in the remarks made by the President in reference to the matriculation examination, and expressed himself strongly in favor of a stringent examination in the English branches.

We congratulate Dr. Campbell and those he represents, and also the Council, on the change of sentiment which has taken place since they first met, in that the old feeling of antagonism has died out, and that while they still differ in reference to the treatment of disease, all are united in raising the standard of medical education, without reference to school or creed. Whatever Dr. Campbell may have done under the old Homœopathic Board, we can bear testimony to his earnest and willing desire to carry out the intention of the present act, and to raise the standard of medical education to its legitimate place in this Province; and, whatever may be his creed in reference to dilutions in the treatment of disease, he is no dilutionist in matters connected with medical education.

The committee appointed to investigate the protest against the election of two members of the Council brought in a report of a very indefinite nature. They found that from *some cause or other*, many of the voters did not receive voting papers in time to have their votes recorded. They made no suggestion by way of remedying this state of things in future, and no word of censure for the culpable neglect on the part of the Registrar in not sending voting papers in time. In some instances, voting papers were not sent at all. We protest most strongly against the election of members of the Council being left in the hands of the Registrar, we do not care who he may be, and we trust that an amendment may be obtained before the next election, by which the elections may be simplified, and the power of the Registrar curtailed. Considerable discussion took place on the report of the committee on amendments to the Medical Act, especially in reference to the

7th clause, suggesting a diminution in the number of members of the Council and also of the examiners. Dr. Clarke, in introducing the report, said, that as the Eclectics had nothing distinctive in their body, they ought to fuse with the general profession, and in this way a reduction would take place without doing violence to any one. There were no new students applying from their body, nor was at all likely there would be, as the difference between them and the general profession was so slight, and they would therefore become extinct in time. Dr. Muir, (Eclectic) said, that the extinction of the eclectic body was inevitable, as the facilities afforded students in Canada for preparing for the allopathic examination were more favorable than for Eclectics. He thought it would be better to merge into the general body, as there was not enough difference to warrant the perpetuation of a sect. Dr. Cornell, (Eclectic), fully endorsed the statements of Dr. Muir. Drs. Bogart and Morrison were not yet prepared to accept that position. Dr. Aikins expressed himself as pleased with the turn things had taken, as it would henceforth allow Allopaths and Eclectics to meet in consultation.

Although the clause was not carried, we are very glad that the subject was brought under discussion. Enough was brought out to show that the current of feeling is setting strongly in favor of the amalgamation of the two bodies, and thus doing away with a useless division in the Council; as it is at present, the Eclectics must either continue under the wing of the Homœopaths and the leadership of Dr. Campbell, or join the general profession; and of the two alternatives it is not difficult to see which they will eventually choose. Of course Dr. Campbell is opposed to fusion, as he would at once lose the support of that body in the Council. There is no desire on the part of the general profession to urge, much less to co-erce the Eclectics into amalgamation, but whenever the latter are disposed to come in, the general profession will most cordially extend to them the right hand of fellowship.

In regard to the clause proposing an annual tax on the profession for the support of the Council, it is to be contingent on the passing of the penal clause. The Council will by no means tax the profession unless they get a *quid pro quo* in the shape of protection against unlicensed practitioners: and, we believe,

there will be no opposition to the payment of a small annual tax, provided the profession is thoroughly protected against all kinds of quackery.

A matter brought up by Dr. Coburn, in reference to a breach of etiquette on the part of Dr. Carson, a member of the Council, elicited considerable discussion of a personal character. The substance of the charge was, that Dr. Carson is engaged in the manufacture and sale of patent medicines. One of these nostrums, the "*female regulator*," was singled out for attack. Dr. Carson tried in various ways to wriggle out of the position, but enough was elicited to show that he was connected with this disreputable business, and a resolution was moved, to strike his name from all Committees of the Council.

Dr. Berryman taxed him with a breach of faith, in promising a year ago to abandon this business, and said that he was not sure but that Dr. Carson could be tried for felony for selling one of these medicines. He felt sorry that an alumnus of Victoria College would be guilty of such practices, and he was bound to vindicate the honor of the University. He supported the resolution. Dr. Campbell, while condemning the medicines as abominations, argued that the Council was exceeding its power; that Dr. Carson was there as one of the representatives of the Eclectic body, and they could not freeze him out of the Council in that way. They might leave his name off any Committee, but they had no power to pass a resolution striking him off all Committees. Dr. Lawrence was of the opinion that the Council was only half-doing its duty in removing his name from all Committees. He deemed it monstrous that they should have one amongst them guilty of such acts. Dr. Edwards looked upon Carson's advertisement as sheer quackery. He thought it time for the Council to put its foot down in the matter. McGill College, Montreal, had threatened to cancel the diploma of a man who had put forth such medicines. Dr. Carson was severely censured by many other members of the Council, including members of his own body. The motion was carried by a majority of 14 to 6, and recorded in the minutes of the Council.

CANADA MEDICAL ASSOCIATION.—We beg leave to call the attention of the profession, to the meeting of the Canada Medical Association, to be held in Montreal on the 11th of next month, (September). We trust there will be a larger attendance than last year.

SUN STROKE.

During the heated term through which we have just passed, there have been a great many cases of sun stroke. In the city of New York, there were no less than 150 cases in one day, (3rd of July), one half of which were fatal. Dr. H. C. Wood has lately written a very interesting paper on this subject in which he says in regard to the old theory, that the disease depended on an alteration of the blood, he considers it no longer tenable. The changes which the blood undergoes in protracted cases are secondary, not primary. By vivisections and other experiments he established the fact that death was not caused by failure of the hearts action, but by failure of respiration, and that the peculiar hardening of the heart caused by the coagulation of the myosine of the heart muscle takes place *after* not *before* death. This arrest of respiration, Dr. Wood believes to be of nervous origin, and he instituted certain experiments which showed that a brain temperature of 112° to 114° F, was fatal to small animals as cats, rabbits &c. Heat was applied directly to the head by surrounding it with tubing, in which hot water was made to pass, an animal so treated becomes insensible, stupid and finally asphyxiated. The brain of man being more highly organized than that of the lower animals, it is probable that a less degree of heat will produce in man the same series of symptoms. The plan of treatment recommended and almost universally adopted is the external application of cold water or ice, both as a curative and prophylactic remedy. In this there is really nothing new—the cold douche having been long recommended by Indian Physicians who have had considerable experience in the treatment of this affection.

DIPLOMA OF MEMBERSHIP.

At its last annual meeting the *Council of the College of Physicians and Surgeons of Ontario*, ordered that a Diploma of membership should be issued to any member of the College who might desire it upon the payment of five dollars. Upon transmitting five dollars to Dr. Pyne Registrar of the College, Toronto, the Diploma referred to, printed upon parchment, in a suitable

japanned tin-box, will be forwarded either by Express or any other manner preferred, to any Registered member of the College of Physicians and Surgeons of Ontario.

This Diploma which has been shown us, is very beautifully and tastefully got up and well worth the small amount charged for it.

CLOSE OF VOL. IV.—With the present number, we close Vol. IV. The index to the present Volume will be found in this number. Any one wishing to have the volume complete for binding, can be supplied with back numbers.

CORRESPONDENCE.

To the Editor of the "*Canada Lancet*."

DEAR SIR:—In the June number of the LANCET under the article of "Canadian Graduates," are you not in error? You say "when we bear in mind that all Colonial Graduates are compelled to spend *one year* in a Metropolitan Hospital before their admission to examination at the College of Physicians or Surgeons, London, &c."

Having attended the examination of the College of Surgeons London, lately, the question was not asked as to whether I had had attended a Metropolitan Hospital or not. All I had to do was, to show my class tickets and my Diploma from Queen's College, Kingston. I know several other Canadian Graduates who were in England only a few months, who presented themselves at the examination and obtained the Diploma of the College of Surgeons.

My reason for drawing your attention to the above is for fear some of my brethren in the profession might be dissuaded from going to England to obtain the Diploma of the College of Surgeons, if they were required to attend a Metropolitan Hospital for the time you mentioned. You have very truthfully said, that it is "very expensive," hence, some might be deterred on that account, if they had to remain in the old country for one year, under considerable expense all the time. The restriction

you mentioned, if it was the law of the College of Surgeons, must at the present time be obsolete.

Yours, &c.,

J. McCAMMON, M.D. ; M.R.C.S., Eng.

Kingston, July 8th, 1872.

[We beg leave to refer the writer of the above letter, to the rules and regulations of these colleges, as to the correctness of our statement. We are well aware, that neither he nor any graduate, who has been in practice for several years, is required to comply with this regulation, but all recent Colonial graduates,—to whom we referred—are obliged to spend one year in a Metropolitan Hospital prior to admission to the College of Physicians, London.] Ed.

(To the Editor of the *Lancet*.)

SIR,—In the May number of the *Lancet* I notice, on page 437, "University of Toronto, *first year scholarship*," the name of W. Ferrier. This young man a short time ago, after I had given up practice, came to this village, opened an office, put up a sign as "Doctor Ferrier," and an advertisement in the local German paper, announcing himself as "M.D.," and "Physician, Operating Surgeon and Accoucheur." The young man openly tells the public that this proceeding is sanctioned by the authorities of the University of Toronto, which I, as a matter of course, at once branded as a falsehood. For the honour of the Medical Profession of Ontario at large, I am bound to carry the law into effect and shall tell you the result afterwards, at the same time I have addressed a letter to Rev. Dr. McCaul, President of the University, stating the facts to him.

Yours, very truly,

GEO. NIEMEIER, M.D.

Neustadt, Ontario, }
July 6th, 1872. }

DEATHS.

Died, on the 28th of June, of congestion of the lungs, James Hackett, M. D., of Newmarket, aged 42. The deceased was a graduate of Trinity College, Toronto. He received his licence from the old Medical Board in 1857, and has therefore been in practice twenty-one years. He was highly respected by all classes of society, and his loss will be much felt.

On the 14th ult., Wm. R. Gilmour, M. D., Penetanguishene, in the 35th year of his age. Dr. Gilmour was also a graduate of Trinity College, Toronto, and received his licence in 1855. He was a very successful practitioner and possessed many fine traits of character.

On the 10th of July, Dr. Warren of Brooklin, Ont., in the 32nd year of his age. He leaves a wife and two children to mourn his untimely loss.

BOOKS AND PAMPHLETS RECEIVED.

WATSON'S PRACTICE OF MEDICINE, 5th Edition, revised and enlarged.—By Henry Hartshorne, M.A., M.D. Philadelphia: Lindsay and Blakiston. Toronto; Willing & Williamson.

HISTORY OF MEDICINE.—By Robley Dunglison, M.D., LL.D. Edited by R. J. Dunglison M.D. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clark & Co.

INJURIES OF NERVES.—By S. W. Mitchell M.D. Philadelphia: J. B. Lippincott & Co. Toronto: Willing and Williamson.

ANGULAR CURVATURE OF THE SPINE.—By Benjamin Lee M.A., M.D. Philadelphia: J. B. Lippincott & Co. Toronto: Willing & Williamson.

DR. RIGBY'S OBSTETRIC MEMORANDA.—Edited by Alf. Meadows, M.D. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clark & Co.

MEMORANDA ON POISONS.—By Thos. Hawkes Tanner, M.D., F. L.S., 3rd edition. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clark & Co.

THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. V.

SEPTEMBER, 1872.

No. 1.

Original Communications.

CASE OF ANTE-LARYNGEAL ABSCESS.

BY F. R. L. STRATHY, M.D., L.R.C.S., EDIN., RESIDENT PHYSICIAN,
ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.

HISTORY OF THE CASE—Ann Maria L——, æt. 18 months, still upon the breast, and dentition present. Recovered from a mild attack of genuine small-pox four or five weeks ago, having at the same time an attack of whooping-cough, from which she had also recovered. Present illness began two weeks ago, with a renewal of a cough, together with dyspnoea and a “heaving of the chest.” Poultices were applied to the chest by the mother, which apparently relieved the child for a day or two. “Lumps” began about this time to form just below each ear, and, as the mother stated, “gradually fell down the neck till they met in front (the *post-mortem* examination showed that these were not glandular swellings) over the upper portion of the larynx, and continued to become enlarged, and the respiration more difficult. The child gradually lost her voice, the first symptoms of it beginning with the appearance of the “lumps.” She coughed with difficulty, but still the sound was not croupy in

character. Deglutition was difficult, yet she was greedy for food. She expectorated a great deal of mucus for last five or six days. She was brought to the hospital on the 22nd of June, and was found to be in the following condition.

PRESENT CONDITION—Very much emaciated ; breast “pigeon-shaped ;” great dysnœa present ; the breathing abdominal and accompanied by a sort of snoring sound. The cough was not the pathognomonic cough of croup, but was peculiar and difficult to be described. When the recumbent posture was assumed, a threatening of immediate suffocation took place. The following symptoms also presented themselves, viz. : a remarkable stiffness of the neck, and retraction with immobility of the head ; symptoms which are noticeable in many cases of retro-pharyngeal abscess. On examination of the throat no croupal patches could be observed. Externally over the upper portion of the larynx, and in front of it, there was a swelling, which was apparently not connected with the larynx, and was quite movable when manipulated, but was pressing upon it so as to interfere with respiration. The child appeared most at ease when in the sitting posture with the head pretty well up, supported by pillows.

TREATMENT.—The child was made to breathe an atmosphere containing steam, and emetic doses of sulphate of copper, administered with no more effect than to produce nausea. Pulse about 130 and rather weak. Dr. Stephenson visited the hospital at 8 p.m. and diagnosed this “lump” to be an abscess, and accordingly opened it with a fine trocar and canula, when pus was evacuated to a slight extent. He then made an incision with a bistoury, and used pressure, and about half an ounce of pus was discharged, there being no more apparently present. This was followed by great relief of the dyspnœa, but still the respiration did not assume its normal character, and there was yet the peculiar cough.

Ordered an injection of brandy (3 iv.) and beef-tea ; also sherry, whey, and a mixture containing

R. Ammon : Carb. grs. xxiv.

Infusi cinchonae $\frac{3}{4}$ iii.—M.

Sig. : A dessert-spoonful to be given every two hours.

Milk was also given *ad libitum*. Hot moist sponges were constantly applied to the neck in front. About 12 p.m. I saw the patient, and she was then breathing pretty freely, but still the peculiar snorting sound was present.

June 23rd.—Patient appears easier this morning, and the breathing is not so difficult as last night. Pulse 120. I left the hospital for a couple of hours, and was told by the nurse when I returned, that the patient had had a convulsion about 11.30 a.m. In the afternoon the child was almost ravenous for food, and drank a considerable quantity of milk, and took the brandy—four ounces every twenty-four hours, having been ordered in addition to the sherry whey. She seemed to progress favorably till about 10 p.m., when she had three more convulsions, accompanied with great dyspnoea, but seemed to recover again. At midnight I again saw the patient. Respiration was more affected than it was this morning. The incision into the abscess was still open, and there was apparently no discharge to come away.

June 24th.—The child died this morning at 4 a.m. The nurse stated that after my visit last night, the child became weaker, and that a little while before death, sudden dyspnoea occurred, resulting in convulsions, during which the patient expired.

POST-MORTEM EXAMINATION.—This took place thirty-one hours after death. The orifice made into the abscess was very much contracted, and fluctuation was felt from a further accumulation of pus.

Tongue, larynx, and œsophagus were removed *en masse*. On slitting up the œsophagus, a considerable quantity of white, glairy mucus, non-viscid in character was seen, filling the posterior fauces. The epiglottis was swollen, clear, and œdematous looking. On slitting up the trachea and larynx, the upper part of the latter was filled with glairy mucus, otherwise these parts were normal. The abscess was situated immediately in front of the larynx, and beneath all the muscles; and extended from the upper border of the larynx, downwards for an inch and three quarters. The cavity of the abscess also ran in an oblique direction upwards on either side of the larynx, to the extent of about three-quarters of an inch or more, terminating on either side at the root of the epiglottis. Nothing croupal was found in any of the structures above mentioned.

I think we may justly conclude that the child died from Asphyxia, caused by a re-accumulation of pus, thereby causing pressure around the larynx and trachea, and lessening their circumference; and from the incision not having been sufficiently large to allow of the pus being evacuated freely, though at the time the incision was

made, and the following day, all pus that was present was pressed out. It is to be regretted that the incision was not made larger, and I would suggest that in similar cases the opening should be kept free by a large canula or piece of suitable tubing.

The mother's statement with regard to lumps having commenced under each ear, and gradually falling in the neck till they met in front, seems to correspond with the oblique direction of the abscess up each side of the larynx. It would appear that the pus had burrowed downwards by gravitation till both original abscesses met in front of the larynx. I think the great peculiarity of this case is, the fact of similar abscesses commencing simultaneously on each side. I believe an abscess in the above situation is of very rare occurrence; and, in a hasty search through what works I have at hand I can find no record of a similar case.

A SUCCESSFUL CASE OF PERINEAL SECTION FOR
THE RELIEF OF STRICTURE OF THE URETHRA,
PERFORMED IN THE KINGSTON GENERAL
HOSPITAL, ONT.

REPORTED BY M——D——.

This operation, the merits of which are so variously estimated by Surgeons, was performed by Dr. Maclean, at present of this city, on the 24th of last month. I was invited to witness the operation, and render such assistance as might be necessary.

The patient was the remnant of a hardy man, apparently about 50 years of age, whose worn appearance gave evidence of long, severe and constant suffering. He had been the subject of gonorrhoeal stricture for a long time, and for the last four years has suffered from a urinary fistula, which opened externally just posteriorly to the scrotum, and through which nearly all the urine passed. The fistula was connected with several sinuses which burrowed in the cellular tissue of the perinæum, and from which pus continually exuded. The scrotum was enlarged by congestion of its tissues, highly inflamed at its posterior part, and seemed as if it would ere long give way to the destructive ulceration, to which, unrelieved, it was eventually doomed. Dr. Maclean had on several

occasions, attempted to relieve or cure the urethral contraction by gradual dilatation; but so unyielding was the interstitial deposit thrown out around the diseased part, and, withal, so excessive was the irritability of the urethra—severe rigors and fever following every attempt to introduce an instrument—that the Dr. deemed it better practice to abandon this procedure, and seek for permanent relief, by external incision.

The patient was brought to the Hospital for the double purpose of greater convenience and better attendance, and for a few days previous to the operation his system was brought into as favorable a condition as possible.

On the day above stated the operation was proceeded with. The patient being perfectly anæsthetized, and placed in the proper position—that is, as for lithotomy—it was found that neither a Syme's staff, nor even the smallest bougie, could be made to penetrate the stricture. It became necessary, therefore, to resort to "the operation without a staff," which is known as the "boutonnière operation." For this purpose a full-sized catheter was introduced into the urethra as far as possible, that the point might serve as a guide by which to find the urethral opening; down upon this, section was made, and continued backwards for a short distance in the mesial line, that an opportunity might be given to effect an entrance into the urethra.

By patient perseverance and dexterous management, a grooved director was then passed through the wound in the urethra, backwards towards the bladder, and upon this the stricture was divided, till the large catheter which had been passed through the penis, and brought out at the external wound could also be passed into the bladder. The discharge of a quantity of urine declared the entrance of the instrument, and gave assurance that the work was accomplished. The catheter was fastened in position by tapes, in the usual manner, and the wound left to heal by granulation. There had been no bleeding of any account, and consequently the dressing was of the simplest form.

The catheter was allowed to remain in the bladder for forty-eight hours, at the end of which time it was removed, and passed afterwards only at intervals of two or three days. Very little difficulty has attended its subsequent introduction, and the chief suffering which has been complained of by the patient was a pain in the right

spermatic cord, and right testicle, with swelling and tenderness of the latter, the result I think of rather too frequent catheterization.

Yesterday in company with Dr. Maclean, I visited the Hospital, and found the patient very comfortable; he had been moving about the ward for the last ten days, the wound was nearly healed, most of the urine passed per *viam naturalem*, a No. 10 catheter was easily introduced into the bladder, and the patient stated that he could void his urine quite well, and that the flow was fully under his control; he was also relieved of the annoying prolapsus ani which he had suffered previously during the voidance of both urine and fæces.

In short, the indications were decided, that a satisfactory and radical cure of the stricture, and its accompanying evils, is in progress, and that ere long, the relieved patient will have cause to bless Dr. Maclean, the Kingston advocate, of Syme's operation for stricture.

This is the first time, I think, that this operation has been performed in Kingston, although it has been done many times in various parts of America during the last 50 years, and about 200 times by Syme of Edinburgh alone. Dr. Maclean was a pupil of Syme, and is the Editor of the American Edition of his Surgery, consequently he is an ultra-defender of Syme's theories and practices, and ventures boldly upon every operation recommended by that distinguished surgeon.

Dr. Maclean has practiced his profession with general satisfaction for a number of years in this city, and he will of course be greatly missed by his friends in this vicinity (and foes also) when he leaves for Ann Arbor, Mich., where he will shortly proceed, to fill the Chair of Surgery in the Medical School of that place.

We predict for him, however, a brilliant career in his new and extended field of labor, and feel assured that his peculiar abilities will achieve for him a distinguished record in the annals of American Surgery.

THREE CASES OF DOUBLE OVARIOTOMY.—Dr. T. Gaillard Thomas, of New York, reports in the *American Practitioner* for July, three cases of double ovariectomy performed by him in the Strangers' Hospital of that city, all with successful results. One of the operations required an hour and thirty minutes. The patients were all etherized, and in the subsequent treatment were kept more or less under the influence of morphia injected hypodermically.

ON PRIMARY AND SECONDARY AMPUTATIONS IN GUN-SHOT WOUNDS.

COMPILED FROM "SURGICAL NOTES" TAKEN ON THE FIELD BY
R. R. STEVENSON, M.D., FORMERLY SURGEON IN THE ARMY
OF THE "CONFEDERATE STATES OF AMERICA."

Case 225—D. H. æt. 24, Priv. Co. D., 6th Reg't., Ky. vol's, Infantry—Right arm shot off by cannon-ball, in battle of Shiloh, April 6th, 1862. On examination I found the shaft of the bone carried away, leaving nothing but the head and upper end of the humerus. In ten hours after he received the injury, reaction was established and chloroform administered. I amputated at the shoulder joint. After the operation he reacted well under the use of stimulants, and I sent him to the "General Hospital" at Corinth, Miss., and notwithstanding the use of tonics, stimulants and full diet, he died about the 10th day after the operation, of pyemic fever.

Case 562.—C. B., Private C. S. N., æt. 24.—Left fore arm shot off about five inches from elbow joint, by cannon-ball from Federal gun-boat, in battle with Confederate Ram, "Arkansas," at Vicksburg, July 1862, after the vessel landed near one of the shore batteries, immediately above the town. He was borne to a sheltered spot in a ravine, and upon examination I found the pulse feeble, skin cold and covered with a clammy perspiration. For a space of about four inches from the point at which the limb was severed, I noticed that the skin and integuments were very much blackened—apparently scorched, and presenting very much the appearance that I had noticed in soldiers who have been injured by the explosion of a shell. I thought at first he had been manning one of our shore batteries, and that the wound was caused by a fragment of shell from the enemy's mortar boats. I amputated without using chloroform, before recovery from the "shock," by the circular operation, at the lower end of the humerus. By the administration of grain doses of opium every eight hours, reaction was pretty fully established in the course of twenty-four hours. He was then sent to the General Hospital at Jackson, Miss. The treatment consisted in stimulants, full diet, and cold water dressing. He recovered in six weeks.

Case 631.—M. K., Private Co. B., 3rd Tenn. vol's, Infantry. æt 27.—Wounded in battle of Baton Rouge, La., Aug. 1862, in left thigh with grape shot, the ball entering about the middle third, shattering the femur and severing the nerve and artery. Amputation at upper third, two hours after injury, before recovering from shock, without the use of chloroform. After the operation I administered stimulants freely, and reaction was fully established in thirty-six hours. He was then removed to the Hospital at Magnolia. The treatment consisted in full diet with an occasional dose of quinine; water dressing with a weak solution of nitric acid. Recovery was complete in about eight weeks.

Case 720.—A. C., Lieut. Co. B., 4th Reg't. Ky. vol's. Inf'y. —Wounded in battle of Murfreesboro, Tenn., Dec. 30th, 1862, with minnie-ball, shattering lower third of femur, and severing nerve and artery. Twelve hours after the injury, and after reaction from the shock, had taken place, I administered chloroform, and Surgeon Scott amputated the thigh at the middle third. In twenty-four hours after the operation under the use of stimulants, he had reacted slightly. Shortly after this he commenced sinking, and died in thirty hours after the operation.

Case 1002.—A. K., æt. 30, Serg't. Co. 6th Re'gt. Ky. Inf'y.—Wounded in battle of Murfreesboro, Dec. 31st, 1862.—Left foot and ankle joint carried away by a ricochetting ball from enemy's gun. Was borne back to a sheltered spot immediately in rear of line of battle. Upon examination I found the skin cold, pulse feeble, but slight hemorrhage from wound. I amputated about middle third of leg by circular operation—in about thirty minutes after injury before recovery from shock—without the use of chloroform. The wound was closed slightly by wire sutures, and a light bandage applied so as to permit the escape of pus and sanious matter,—half a grain of sulphate of morphia with an ounce of whiskey was administered, and he was sent to the Hospital. In six weeks from the day he lost his leg he visited the camp of his Regiment at Tallahoma. The treatment in Hospital consisted in cold water dressing with the occasional use of a solution of nitric acid, and full diet.

Case 115.—R. H., Brig. Gen., P. A. C. S. A.—Wounded in battle of Murfreesboro Jan. 2nd 1863, in knee joint by grape

shot—limb nearly severed—shock to the system very great—pulse feeble, skin cold, respiration feeble. Attempts to produce reaction from shock without effect. Amputation, lower third of femur, twelve hours after injury. Patient gradually sank, and died shortly after operation.

Case 1267.—G., Private Co. A., 5th Ky. Reg't., Infantry.—æt. 27.—Wounded in battle of Jackson, Miss., July 1863, by grape shot. Entrance, external surface, middle third of left femur, shattering the bone and severing the femoral artery and nerve—exit, internal surface—making frightful lacerated wound, into which three fingers could be thrust. A tourniquet having been applied by one of the infirmiry corps, he was carried to a sheltered spot under the right bank of Pearl river, where amputation was performed at once without the administration of chloroform, and before recovery from shock. Two grains of opium with one ounce of whiskey was administered to him, with instructions to repeat the opium in four hours, if reaction was not established. In thirty-six hours after the operation he had pretty fully recovered from the shock, and was left at the field Hospital, near Pearl river. The Confederate forces being compelled to fall back, he was left within the enemy's lines, and under the kind care of Surgeon Hinkly, he recovered in eight weeks; and was paroled and sent to his command.

Case 1890.—F. B., Private Co. B., 3rd Reg't., Ky. vol. Infantry.—Right fore arm shot off by fragment of shell in charging Federal batteries at Chatanooga, Sep. 24th, 1863. On examination I found the pulse feeble, skin cold—general appearance showing symptoms of great prostration. I amputated the limb by the circular operation, at lower third of humerus, (the elbow joint being somewhat involved in the wound) before recovery from shock, and without the use of chloroform. The wound was closed with two sutures and covered with a light dressing. By the administration of one-fourth grain of sulphate of morphine and one ounce of whiskey, reaction was pretty fully established in the course of twenty-four hours. He was conveyed to the field Hospital, and the treatment consisted principally of cold water dressing, tonics and full diet—recovery in five weeks.

In reporting these cases, I attach no very great importance

to them—only that all the operations were primary and proved successful, (except three), the emergencies of the case requiring them to be performed at once—the knife almost following the shot. All military surgeons who have seen active service on the field, can testify that many operations have to be performed, under emergencies, that seldom or never occur in civil practice. The non-administration of chloroform in some cases was due to the fact that I was averse to the administration of an anæsthetic previous to full recovery from the shock, as the pulse, which is our principal guide in the administration of anæsthetics, is not, from the depressed condition of the sanguiferous, and nervous systems, following severe gun-shot wounds, in a fit condition to direct us in its use. I amputated in some cases by the circular operation, not from choice exactly, but because the instruments that I happened to have at the time were made exclusively for the circular operation. I may here remark that amongst the numerous cases that I have had, and that I have seen operated upon, my evidence is favorable to the circular operation in all cases where it is practicable. I will not pretend to say that it is the best mode of operating, but certainly less of the soft structures are exposed to the edge of the knife, by circular, than by the flap operation.

The question as to the period at which amputations from gun-shot wounds should be performed, has given rise to much discussion amongst surgeons. I believe that most modern writers on military surgery concede the fact, that where amputation is inevitable, that the best time to operate is after the shock to the system has subsided, the pulse regained its vigor, and the skin its natural warmth. Without pretending to question the judgment of older writers on military surgery, I can fully endorse the opinions of Larry, Guthrie and others, that primary operations are more successful than secondary ones, and that the sooner the operation is performed after the injury, the greater the chances for saving the life of our patient. Take a soldier, for example, whose hand and wrist have been mangled and crushed by a fragment of shell, we wait from two to three days for reaction or recovery from the shock—the brilliant eye, the intense pain, hot skin, and accelerated pulse all indicate that reaction has taken place. We now place him under the influence

of an anæsthetic, and amputate the limb; thus causing him to undergo another "shock," perhaps as great as the first, from which he has to rally a second time. It must be evident, then, that the sooner the operation is performed after the injury, the less will the nervous system be taxed to bring about a second reaction, as the inflammation arising from a clean incision is much less than that following an extensive, lacerated and contused wound. I have witnessed a great number of "secondary" operations that proved fatal, which I am confident could have been saved by primary operations, many of them performed by myself and others; not from choice however, but because it was impossible to operate upon them immediately after the injury. By primary operations, we may also avoid those fatal tetanic symptoms that sometimes follow reaction in gun-shot injuries.

In case 225 we see that death resulted, not as the immediate result of the operation, but from pyemic fever, a disease that carried off a large number of soldiers after the battle of Shiloh, caused principally by the defective Hospital accommodations, which were located in Corinth, Miss., a place proverbial for its unhealthy situation.

In case 1720,—“previous habits,” together with the great severity of the shock, occurring from the injury and the operation, were the principal causes of death. The same might be said of case (2115).

Selected Articles.

DR. MURCHISON ON BLOOD LETTING IN INFLAMMATION.

According to the manner in which the blood is drawn, blood-letting is said to be either *general* or *local*. Blood-letting, both general and local, was at one time the universal treatment for inflammation, but is now one of the rarest of surgical operations. An attempt has been made to account for this revolution in medical practice on the supposition that inflammations had changed their type; that formerly they were sthenic and required blood-letting, but that now they are asthenic and are injured by deple-

tion. This view of the matter is untenable; and I need only now repeat that in some parts of the world it is still the fashion to treat inflammations by copious blood letting, and that it is difficult to imagine how the type of inflammation could have changed in one country and not in another. There can be no doubt that much mischief was done in former days by copious general bleedings in inflammation. In order to diminish effectually the quantity of blood in the inflamed part through the general circulation, it is necessary to take such a quantity of blood that its quality becomes impoverished, while the heart's action is weakened and the reparative powers of the system are impaired. But the same objection does not apply to local bleedings. In many of the inflammations at or near the surface of the body which come under the notice of the surgeon, the effect of local bleeding in relieving pain, diminishing congestion, and otherwise moderating the intensity of the inflammatory process, is so immediate and marked that it is difficult to account for the modern antipathy to blood-letting in any form. It is argued that the loss of even a small quantity of blood weakens the entire system, and especially impairs the vitality of the inflamed part; but such statements have been chiefly advanced by writers who have had little or no experience of blood-letting themselves, and are, as I think, contrary to the evidence of our senses, while repeatedly you will have occasion to observe that a congestion of the brain or of the lungs is at once relieved by a natural hemorrhage—by a copious epistaxis or hæmoptysis. There is one important difference, however, as regards local bleeding, between an inflammation of some internal organ and one on the outer surface of the body. In the latter case there is no difficulty in understanding how local bleeding diminishes the quantity of blood in the inflamed part, but it is not so in the former. Yet, on calm consideration, you must see that it is not necessary for local depletion to act beneficially that it should do so through the general circulation. It may do so through the nearest arterial trunk, which is in common to the external surface and the inflamed organ. The intercostal artery can only transmit a certain amount of blood, and when the blood is made to flow from its superficial branches, less will go to the deeper branches. But whatever be the explanation, there can be no doubt of the clinical fact that the intensity of inflammation

may often be moderated by local blood-letting, and this, too, without any injury to the patient. In inflammations, for example, of the liver and intestines, I have repeatedly observed the most marked and immediate relief follow the application of leeches to the abdomen or around the anus. Still, you must not have recourse to blood-letting in every case of inflammation. It is only in the early stage of inflammation, or when it is advancing, that you can expect it to do good. You must also abstain from blood-letting in persons of debilitated constitution, or when the inflammation has been excited by an animal poison or some other morbid condition of the blood.—[*British Med. Journal.*]

THE TREATMENT OF CANCER BY ELECTROLYSIS.

At a meeting of the New York Pathological Society, reported in the *New York Medical Record*, January 2, 1872, Dr. Neftel presented sections of carcinomatous deposits removed post-mortem from a lady who had died in consequence of mammary cancer. About two years ago she noticed a hard and painful lump in her right mamma. This increased, and, with the pain, extended to the axilla. These masses were removed by operation. Soon after the operation she had an attack of pneumonia, from which she did not recover until the lapse of several months. In the meantime the wound cicatrized, but the pain still continued, and extended down the arm of that side, making it almost useless. After several months she felt that the cicatrix became indurated, and from these there seemed to be a string of smaller lumps, which aroused the suspicion in Dr. N.'s mind that the disease had translated itself to some internal organ; she then insisted on being treated by electrolysis, and the treatment was pursued, in conjunction with Dr. Bailey, of Albany. To the surprise of Dr. N., not only did the secondary tumors disappear, but the patient improved in general health. So marked was this latter effect that Dr. N. was inclined to believe that he had been mistaken in his diagnosis of internal metastasis. After several months, tumors again showed themselves in the same locality; these were treated, and likewise disappeared. Finally the cervical glands

became affected, and she began to suffer from asthmatic attacks, in consequence of pressure upon the pneumogastric; these were succeeded by an attack of pleurisy, due to cancerous exudation, and she finally died delirious. At the autopsy, the liver, lungs, and cervical glands were found infiltrated with cancerous material.

In speaking of the effects of electrolytic treatment upon cancer, Dr. N. stated that he had reason to believe it would always be successful if employed before the disease had become constitutional.

EPULIS AND MYELOID TUMORS OF THE JAW.—Prof. Gross, speaking of Epulis in a recent clinical lecture remarked that—

“He had never before met with a growth of this kind at so early an age as seven years. It is usually a tumor of slow growth and differing from myeloid in this respect; it is often painful; patients afflicted with it suffering much from toothache. Again, epulis is often partially osseous, frequently containing spiculæ of bone in the centre, detached from the surface of the bone. It recurs under the same circumstances with myeloid, that is, when all parts have not been completely extirpated, though perhaps less frequently than in the former. It is generally lobulated, as myeloid tumor in the same situation, but its structure is firmer. It is tougher and more elastic, owing to its fibrous structure. On section of myeloid tumors, more decided characteristics are noticed, which may be recognized by the naked eye. The cut surfaces are ‘smooth, uniform, compact, shining, succulent, with a yellowish, not a creamy fluid;’ presenting ‘blotches, of dark or livid crimson, or of a brownish or a bright blood color, or of a pale pink, or all these tints mingled on the grayish-white or greenish basis-color.’ Epulis on section is uniform, firm, white and shining, presenting often in its interior the spiculæ to which allusion has been already made. Before operation it is not easy to decide whether a tumor is epulis or myeloid, and though appearances on sections are more characteristic, they do not become available for diagnosis. As a matter of prognosis it is not of paramount importance that the exact nature of the tumor

be known before operation, supposing it one of these two forms, as neither is apt to return if *thoroughly* removed. Recurrence of each occasionally takes place, and it is somewhat more frequent in the case of myeloid; the periosteum should in all instances be scraped after operation. As the only certain means of relief, Prof. Gross recommends 'excision of the piece of bone to which it is attached.' "

KING'S COLLEGE HOSPITAL.

AMPUTATION OF THE HAND AT THE WRIST.—Sir Wm. Ferguson exhibited a man with an excellent stump, after amputation at the wrist, where the processes of the radius and ulna has been left. He advised that these processes should not be sawn off when healthy, as the breadth of the stump at the end of the arm was useful rather than otherwise.

Vesico-vaginal Fistula.—Ten days before, Sir William Ferguson had put in three stitches, with the hope of completely closing the fistulous opening. It had originated in the vaginal operation for stone nine years before. At the time, the healing process failed, and the operator had not again closed the wound. The patient was very young when operated upon for stone, and it was not easy then to stitch the wound. Sir William Ferguson saw her some time ago, and advised her to come into the hospital, in hope of closing the wound by suture; but the operation has been partly unsuccessful. To-day the girl said that the parts were quite dry, and on that supposition he proceeded to take out the stitches; but she had not given a correct account of herself, for urine was dribbling freely through the wound. He removed the stitches, but thought it inadvisable to do anything further then to the wound. He said that three or four operations were sometimes necessary in a case of this kind, just as for cleft palate.

Dislocation of Astragalus.—A man came into the hospital in consequence of having injured his ankle by a fall. The astragalus was dislocated outwards, and there was a good deal of effusion about the joint. On first looking at it, Sir William Ferguson thought that there might be a fracture; but as he could not freely manipulate the parts when the man was under chloroform, he

concluded it to be a dislocation. He attempted its reduction with the aid of three or four assistants, but was unsuccessful. He then divided the tendo Achillis and made the same trial, but again failed. What next was to be done? He thought he would not be justified in removing the astragalus, and therefore determined to place the foot on a straight side splint. He had seen tolerably good and useful feet after such a displacement, particularly if no violent inflammation set in, disorganizing the joint, and he hoped this would be the case with the present patient.

Aneurism at Base of Neck.—For this aneurism, Sir William Ferguson had tied the subclavian artery on May 25, five days ago. All had gone well till to-day after dinner, when a sudden gush of blood from the wound occurred. Mr. Rowe, the house-surgeon, immediately came to the assistance of the patient, and succeeded in stopping the bleeding by putting strong pressure on the wound. What seemed peculiar in this case was, that the usual time for secondary hemorrhage had not arrived. Had this been the ninth or twelfth day after the operation, it would not have been out of the ordinary course of things; but as it was only the fifth day, the hemorrhage could not be looked upon as simply secondary.

There have been several cases of secondary hemorrhage following in succession in this hospital. In the case of a lad with a wound in the lower part of the thigh, there was repeated formidable bleeding; and the superficial femoral artery was about to be tied when it ceased, and he went on favorably afterwards. A few weeks ago, Sir William Ferguson took out some dead bone in the locality, where there was great risk to the popliteal vessels. Great secondary bleeding came on, and only stopped after several stuffings of the wound. A girl, also, from whom he removed a tumour under the sterno-mastoid muscle, had profuse bleeding, of an apparently venous kind, coming from the great vessels at the root of the neck, and her case is now very critical, it being a question whether the wound should not be reopened and the internal jugular tied. In the mean time great pressure checks it, and Sir William thinks it most to be trusted.—*Brit. Med. Journal*, June 8, 1872.

CELERY AS A NERVINE.—A correspondent of the Practical Farmer says (*Med. Bulletin, Cincinnati Med. Repertory*) "I have

known as many men and women too, who, from various causes, have become so much affected with nervousness that when they stretched out their hands they shook like aspen leaves on windy days; and by a daily moderate use of the blanched foot stalks of the celery leaves as a salad, they became as strong and steady in limbs as other people. I have known others so very nervous that the least annoyance put them in a state of agitation, and they were in almost constant perplexity and fear, who were effectually cured by a daily moderate use of blanched celery as a salad at meal times. I have known other cured by using celery for palpitation of the heart."—[*Med. Cosmos.*]

MILK AS A DIET DURING LACTATION. By R. P. HARRIS, M. D., Pennsylvania.—From a series of trials which I have very successfully made, I have become convinced of the great value of milk as a food for delicate mothers who desire to nurse their own children. By the term "delicate" I do not mean those actually diseased, or apparently inclined to tubercular or other serious organic affections, but a large class of American women in the higher walks of life who fail as nursing mothers, either because their milk is too small in quantity or deficient in nutritive elements. Such women are generally below their proper average in weight; have little, if any color in their cheeks, and eat but a moderate amount of food. There may not be any deficiency in the development of their mammary glands, although their mammae are usually smaller than they should be; but this is chiefly due to the absence of adipose deposit. All such subjects do not bear a milk diet well; and in such the plan must be abandoned, as the diet should not only agree with the mother, but be palatable, so as not to diminish her appetite for her ordinary diet. She should be able to eat her three meals as usual, and consume the requisite amount of milk in addition. There are many women who have lost all their childhood's relish for milk, just as there are sometimes young children who do the same thing, and cannot be made even to try its efficiency. And there are others who are anxious for success, and do make the trial faithfully, but are reluctantly obliged to discontinue the diet in consequence, not of any disrelish, but of an inability to digest it.

Happily, there are also many who not only like the taste of milk, and can continue its use indefinitely, but who experience a wonderful degree of benefit from it, not only being able to nurse their infants, whom they would otherwise have to give to a wet nurse, or raise by hand, but greatly improved in health and strength, gaining flesh, increasing in appetite, and avoiding the ills resulting from the drain upon their system, so commonly experienced after a few months of lactation.—*Richmond and Louisville Medical Journal.*

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, June. 20, 1872.

DR. E. R. PEASLEE, President, in the Chair.

THE CURRENT MATERIA MEDICA.

DR. E. R. SQUIBB made the following remarks on "The Current Materia Medica":—

Materia medica should be thoroughly studied in connection with therapeutics, and the student should never be suffered to graduate without paying particular attention to this branch of curriculum. There is a tendency among some to almost ignore the materia medica. which is all wrong; it should be studied up to the times. Take, for instance, *hydrate of chloral*, which was first fully investigated and then applied to practical use. Persons are apt to use a remedy and extol it in medical text-books and journals without giving it a fair trial, thus creating a fashion in medicine. True progress is entirely different from fashion in medicine. In regard to the subject of *anæsthetics* and the mortality from their use, he has not, in the course of his extensive reading of home and foreign journals, seen a case of death in this country, and only two or three abroad during the year. This is accounted for by the little use of chloroform, and the predominance of ether; and the day is coming when the former will be confined only to the branch to which it belongs—the obstetrical.

Bromide of Potassium is more within the control of the profession than it was, and has taken its proper place in the materia

medica. Many times it is given in too small doses and no good effect is produced. The doses should be large enough to get up bromism; sometimes fifteen or twenty grains will do it, but in his experience forty, fifty, or sixty grain doses are called for; as a hypnotic, twenty-five-grain doses are essential.

He recollected a remark of Prof. Van Buren, that in order to get iodinism he gave iodide of potassium in sufficient doses; as high sometimes as one-ounce doses. The same rule is applicable to the administration of bromide of potassium.

Alkaloids, or active principle of drugs. No one expects to get from the salts of morphia such relief as from pure opium itself—although one grain of morphia equals six grains of opium. He believes that good opium will be the standard of the profession after all. The chemical processes in use for abstracting the alkaloids deteriorate the anodyne properties, and are destructive to the anodynes of our fathers. If practitioners were better satisfied to use the pure original anodynes, without being tortured, the results would be more satisfactory. It has been a great fashion to have fine-looking white alkaloids, which are made at the expense of medicinal qualities; for every time they are bleached by the chemist a portion of the valuable property is lost.

Another subject of importance is the *dietary of the sick*. The various extracts of meat sold at the stores are of little value; there is not one of them, which is advertised, which will bear out the remark of Dr. Christison, "they arrest waste but do not keep up the supply." His impression is, that there is not as much against the use of solid food or aliment in disease as has been said against it. The stomach is not a chemical laboratory, or "a kitchen for cooking food," as Abernethy wisely remarked. Food should not be subjected to the ordeal of chemists, as the fashion is.

Among the articles that have been introduced in the dietary department, and has taken a firm stand in the materia medica, is *pepsine*. Generally, however, patients have been in the habit of taking starch rather than pepsine. Once get up a reputation concerning a certain variety of this agent, the manufacturer has a good start for making money. Some specimens examined were good and others were bad. The name of the maker is no guar-

antee, as it may be good at one time and poor at another. While the proprietor is looking after the money column, the manufacture is entrusted to another. The fresh supply of pig's stomachs must come from the western pork-markets.

The pancreatic emulsions and preparations of bismuth and pepsine, so fashionable now, cannot be recommended: bismuth and pepsine cannot exist together. Those fashionable mixtures of beef and iron—as *Vinum cibi*, *Vinum cibi et ferri cum cinchona*, etc.—are gross frauds; only money is in them. Hardly any cod-liver oil will pass muster unless it is tasteless; and his impression is that many of these preparations are not cod-liver oil at all, only oil made up for the market. Good oils should neither be too dark nor too light, but of a medium color. The dark varieties are made of livers in a state of decomposition. There are good cod-liver oils in market which come from Norway and Newfoundland. The reason that the Norwegian oil is less rancid than others is, because it is never made at a less temperature than fifty degrees; consequently decomposition is avoided. Oil, when in use, should be kept in a cool place, as a refrigerator, and after each dose is given the glass should be thoroughly washed. Small pieces of ice put in doses of disagreeable substances, like cod-liver oil, render the agent almost tasteless. Those physicians who eschew the fashionable remedies take to the syrups, such as Aiken's syrup, etc. The lacto-phosphate of iron is based on fallacies like the others; but it is very taking, and is advocated by Horsford and others. Physicians are anxious to get solutions of phosphorus into the stomach, but before it gets there it becomes oxidized.

Another popular fallacy of the day is the use of sugar-coated pills or medical confectionary. Coroners have found these pills, after death, in the stomach and intestines, undissolved. Medicines should be given in such a shape that they will be quickly dissolved. It is not an easy matter to get the hard coat off the pills. Glycerine should be used in compounding pills, to render them soft. Pills made in this way are easily dissolved in the stomach. He has been astonished that Blancard's pill has been so useful as has been stated—it being covered with a metallic coat.

Medicines in capsules are not to be advocated—they being not easily dissolved.

The use of various forms of divided medicines, particularly "The Divided Medicine Co.'s" preparations, is another fallacy. It is nothing new, but an old way of preparing medicines. This way of dosing might be good if the physician would put the medicine up, but to purchase these preparations of companies is dangerous pharmacy.

Rhubarb in squares, covered with powder, is not desirable. Physicians should get the Chinese rhubarb, in solid state, and then they know what it is.

Disinfectants, like chloralum or chloride of aluminium, are fashionable agents. The sulphate of aluminium is better than the latter, but it is old; so, to popularize it, Prof. Gamgee took the chloride. To improve it in this country we have taken the name bromochloralum. Wastes of chemical manufactures are to be the source of disinfectants for health-boards. Copperas, or sulphate of iron, and carbolic acid are all that can be desired.

Cinchona barks from India will probably give us all that can be dispensed. Moss planted on the bark improves the quality—called mossine in that country.

Chloral received, about a year ago, a decided check on account of the number of deaths reported from its use; it is a potent agent, and has taken a very proper place in the *materia medica*.

Cundurango, which received its aid from the State Department at Washington, D. C., has pretty much gone out. That department deserves the reprobation of the physicians of this country. Reports have come back to the discredit of its use.

Nitrite of amyl, introduced by the foreign physicians, and first written about by Dr. Richardson, of London, is a useful remedy. Cases of hemierania, spasmodic asthma, etc., have been relieved by its inhalation. It is supposed to paralyze the nervous system of the arterioles; from sixty-five to seventy beats may be added in a few seconds by its use. The circulation resumes its usual tone in a few minutes, and the effect of the remedy passes off.

Xylol has now degenerated into a prevention of small-pox, and it is very hard to place a value upon it.

An article which has been recently introduced from Ger-

many—*Rhamnus frangula*—seems to stand between rhubarb and senna, and is useful in constipation. The tincture has been prepared at the instance of Dr. Gray, of Utica, and is a good preparation; but it is better chewed; a few pieces chewed during the day will remove constipation.—(*Med. Record.*)

SIMPLE METHOD OF WATER ANALYSIS.

Every medical practitioner is familiar with the terrible risks attendant upon the use of bad water, and is anxious to employ the power and influence which he possesses in exposing those risks and in striving to avert them. But he is restrained by practical difficulties which are, in too many cases, insuperable. Local authorities are inert and often ignorant. The stupidity of the tenant is only equalled by the cupidity of the landlord. Water analysis costs money; and anyone who suggests its necessity is sure to be met instantly with the question, Who is to pay for it? Unfortunately, a proper analysis of water for sewage or drainage contamination is a process which from its complexity can only be carried out by a professional chemist; and in every important case such an analysis is a matter of necessity. But it is nevertheless true that it is perfectly possible to form a useful and, in many cases, a sufficient estimate of the quality of a water, and even approximately of the extent of its contamination, by the use of well-known methods so simple as to be available to every intelligent man, and certainly to every medical practitioner. The methods we are about to describe must, of course, be applied as accurately as possible, and the results interpreted with caution; but we have verified them all with care, and know that they may be depended on to the extent we indicate. For the sake of convenience, we have arranged them all for use with the weights and measures found in every surgery and chemists shop.

1. *Examination of the source.*—This is of vital importance, and will often supersede the necessity of any analysis by indicating that the water *must* be foul. The chief sources are three—namely, rivers, surface-wells or springs, and deep wells or

deep-seated springs. Wells 100 ft. in depth may be reckoned in the last class. The contamination of rivers may be judged of by circumstances which will occur to all: the nature of the house-and-land drainage they receive, the proximity of factories, &c. Few rivers are above suspicion, and many are utterly abominable as sources of supply. It is somewhat more difficult in many cases to judge of the contamination which a shallow well, often not more than 15 ft. deep, receives. Regard must of course be had to the proximity of drains, cesspools, stables, and the like; and much may often be gathered from a study of the nature and conformation of the land. Loose porous soil—such as gravel or broken chalk—is not only more liable to drainage contamination, but affords a more imperfect filtration than closer soil. Very shallow porous soils are often exceedingly foul from the stagnation and accumulation in them of manurial matters. The dip of the land is also an important element in the study. A cesspool below a well on a hillside may not pollute the water; but if above, the water will be almost sure to suffer.

The quality of the water of deep wells is still more difficult to determine by mere observation. If no surface-drainage can find its way in—a condition not always secured,—we have to consider the filtering efficiency of the bed of earth through which the water has to pass in its downward passage. The “previous sewage contamination”—the record of past fouling—in such waters is often high, but it by no means follows that the water may not be free, or nearly free, from unoxidised organic matter.

2. *General characters.*—The amount of suspended matter in the water should be observed carefully. When it has subsided, a portion may be examined under the microscope. Low forms of animal and vegetable life will often be seen, and this indication has some value, though not very much. In very bad water fragments of undigested muscular fibre can sometimes be seen. If a portion of this sediment be dried and burnt in a small porcelain basin over a spirit-lamp, it will exhale an unpleasant smell, if of animal nature. The *colour* of the water is best seen by looking down a tall jar or glass tube. It should be greenish-blue; but clay, peat, and other harmless contaminations, cause a yellow or brownish tint; and on the other hand, bad water has sometimes a tolerably good colour. The *smell* is often sufficient to

identify very bad water. Shake a sample in a bottle and warm it occasionally; a faecal or putrescent smell will often become apparent under these circumstances, though sometimes not until the bottle has stood for a day or two. It is a good plan to evaporate a portion of the water to dryness in a basin, and then heat it over a spirit-lamp. Any organic matter will blacken under these circumstances, but animal matters, if in any quantity will also give a bad smell.

Unfortunately, we cannot give any easy and exact process for the determination of this nitrogen. But a useful though somewhat rough indication may be obtained as follows:—Concentrate a portion of the water (say two fluid ounces) to one-eighth of its bulk, avoiding boiling. Let it cool, and pour it into a test tube of about one-third of an inch diameter as much as fills nearly an inch of it. Add an equal bulk of *pure* concentrated sulphuric acid. When the mixture is quite cold hold the tube almost horizontally, and pour in gently about an equal bulk of a pretty strong solution of green vitriol. The iron solution will float on the acid mixture. Let the tube stand for half an hour, and look at the line of junction of the two liquids. If a dark line is visible the water *does not contain less* than 5 part of nitrogen in 100,000 though of course it may contain more. This is equal to a previous sewage contamination of 5000 in 100,000.

Now for the use to be made of this determination. If the water is from a deep and apparently unobjectionable well, and if the general characters are good, the water need not be condemned, for chalk waters often contain more nitrogen. If the water is from the river or surface-well of tolerably good character, the indication is sufficient to throw a very grave suspicion on it. And lastly, if the history of the water is bad, if it is known or strongly suspected to be contaminated, the indication stamps it at once as certainly dangerous.

By varying the concentration of the water it is possible to arrive at a pretty fair idea of the quantity of nitrogen in the water. Some water reacts without any concentration.

4. *Chlorine*.—We have on a previous occasion pointed out the value of this indication. By an examination of the best water a neighbourhood affords, it is easy to find the amount of chlorine which is natural to the water. In the south of Eng-

land it seldom amounts to more than 1 part in 100,000 except where sea-water penetrates. Purely local causes may of course produce an excess, but not very often. The determination may be made with sufficient exactness in the following manner:—Dissolve 88.3 grains of pure nitrate of silver in 1 pint of distilled water, and dissolve separately 4 grains of yellow chromate of potash in $\frac{1}{2}$ -pint of water. Take 4 ounces of the water to be examined in a tumbler or beaker; add 10 minims of the chromate solution a drop at a time from a minim glass. As soon as the faintest tinge of red appears, read off the number of minims of silver solution which have been added. Every minim indicates 0.1 part of chlorine in 100,000 of the water, so that uncontaminated water ought not to require more than 10 minims to give the red tint in 4 ounces.

5. *Permanganate test.*—The great objection to the last two methods is, they only tell of a previous contamination which may possibly have ceased to be noxious. Of the methods which tell of the present condition of the water, the only one which can be easily applied is the permanganate test, which, unfortunately, is the least trustworthy of them. It depends on the fact that many kinds of organic matters, and particularly putrescent organic matters, are oxidised by permanganate of potash in presence of sulphuric acid. The permanganate, losing its oxygen, loses its beautiful violet colour and the amount of permanganate decolourised by a given volume of water is therefore some kind of measure of the amount of organic matter in the water. Unfortunately, however, different kinds of organic matter affect the permanganate very differently. Some, urea for instance, do not affect it at all, and, on the other hand, some mineral matters, such as nitrites, sulphites, and protosalts of iron, decolourise it easily. Nevertheless, water which decolourises much permanganate is generally bad water, and we therefore give the test for what it is worth. Dissolve 3.3 grains of pure permanganate of potash in one pint of distilled water. Take one pint of the water to be examined; introduce it to a colourless flask, add 5 fluid drachms of dilute sulphuric acid (1 part strong acid + 5 parts water, by measure) and add the permanganate from the minim glass a little at a time, as in the chlorine process. After every addition shake the flask and let it stand ten minutes. If the

violet colour disappears, add a little more, and so on, until the violet colour, not a brown) remains permanent for ten minutes. If the quantity required is large it is better to dilute another portion of the water with distilled water and begin again. Each minim of permanganate used in this process represents .001 part of oxygen given up to 100,000 parts of water. To give an idea of the working of the test we may quote the results of its application to the London waters in 1865. For the quantities of material given above, the permanganate used may be said to have varied from 5 to 200 minims. Accordingly the quantity of oxygen required to oxidise the organic matter in 100,000 parts of water was taken as varying from 0.005 to 0.2 part.

That these methods are rough we freely admit, but we believe they may be safely used, with due care, in those cases in which a proper scientific analysis cannot be obtained.—*London Lancet.*

THE TREATMENT OF FEVER.

BY DR. C. MURCHISON.

1. To remove, when possible, the cause on which the fever depends.

2. To promote elimination, not merely of any morbid poison, but of the products of exaggerated metamorphosis in the blood and tissues.

3. To reduce the temperature and the frequency of the action of the heart.

4. To maintain the nutrition of the tissues, and stimulate the action of the heart, by appropriate food and stimulants, taking care at the same time, not to excite congestion, or increase the work of the already overtaken glandular organs.

5. To relieve dangerous and distressing symptoms.

6. To obviate and counteract secondary complications.

1. Unfortunately, it is not often that we have it in our power to remove the cause of pyrexia; but the object is one always to be kept in view, and sometimes the main efforts of our treatment must be directed to secure it; as, for example, pyrexia dependent upon pent-up pus, an obstructed bowel, or gouty, syphilitic, or periosteal inflammation.

2. The elimination of any morbid poison, as well as of the products of exaggerated metamorphosis, will often be promoted by the judicious employment of diaphoretics, diuretics, purgatives, and emetics. The old practice of commencing the treatment of pyrexia by giving a purgative, to unload the portal circulation and promote the action of the liver, is undoubtedly a good one, and particularly advisable in persons of robust habit, or who live too well. In mild cases of pyrexia, the only treatment necessary consists in the avoidance of any chill, and in the administration of a mild aperient, followed by frequent doses of diuretics, and diaphoretics, such as the citrate of potash, or the liquor ammoniæ acetatis with spirit of nitrous ether. Elimination will also be promoted by a plentiful supply of fresh air, which will favor the escape of carbonic acid from the lungs, and by the free use of diluents, which will help to wash away through the kidneys the products of tissue-waste. In all grave cases of fever you will remember the importance of maintaining the action of the kidneys, and of keeping a good watch on the state of the urine; noting carefully not so much its color and the presence or absence of lithates (both of which characters will depend much on the quantity), but the quantity and the presence or absence of albumen. When the quantity becomes notably diminished, or albumen appears, advantage will often be derived from hot poultices to the loins, aperients, diaphoretics, diluents, and diuretics. But while you promote elimination, you must take care that the means for this end do not weaken too much the action of the heart; and you must remember that, in some fevers, the natural process of elimination are excessive, and conduce to dangerous exhaustion and death.

3. For reducing the intensity of the pyrexia, different measures have been proposed,

Blood-letting was at one time universally resorted to for this object; but in this country it is now entirely discarded, because it was found to increase one of the great dangers in pyrexia viz., failure of the heart's action. There are few accurate observations on the effects of blood-letting on the temperature of pyrexia; but we know that, when a copious bleeding of the nose or the bowel takes place in enteric fever, although the temperature may fall below the normal standard, it speedily regains its former height, or rises above it.

The external use of cold water is one of the most certain means of reducing the temperature in pyrexia, and in certain cases is attended with good results. The attention which this practice is now attracting will justify the following remarks: In the seventeenth century the brothers Hahn of Leipzig, treated fevers by the external use of cold water, but their observations were soon forgotten. Towards the end of the last century (1787) cold affusion was proposed by Dr. Currie, of Liverpool, both for arresting and mitigating fever. The patient was seated naked in an empty tub or bath, and several buckets of water of a temperature of 50 or 60 deg. Fahrenheit, were poured from a height of from 2 to 3 feet or more over the head and chest. He was then hastily dried and restored to bed, and in most cases the operation was repeated once or twice daily. It was stated that in many cases, if resorted to during the first three days, this treatment arrested the disease; while in others it reduces the pulse and temperature, relieved many of the distressing symptoms, and particularly the headache, restlessness and delirium, and conducted the disease to a safe and speedy issue. The affusions were employed at any stage of the fever; but the effects were always most salutary at an early stage. They were said to be contraindicated when the temperature of the skin, ascertained by the thermometer, was not much above the normal standard, or when, notwithstanding an elevation of temperature, the patient complained of chilliness, or suffered from severe diarrhœa or profuse sweating.

The wonderful results obtained by Currie were confirmed by numerous observers in different parts of the world, whose testimony is recorded in the edition of his work published in 1804.* But in the British epidemic fever of 1817-19, the practice was followed by many with great perseverance, and the general result, according to Sir Robert Christison, was that in very few cases, if any, was the disease arrested by it; that although an abatement of febrile heat and restlessness occurred almost invariably, it was of short duration, and not to be made permanent by any frequency of repetition; that as much good eventually was attained by frequent cold and tepid sponging, together with cold applied to the head; and that often the cold affusion occasioned for a time

* *Medical Reports on the Effects of Water, Cold and Warm, as a Remedy in Fever.*
By James Currie, M.D., F.R.S., 1804.

after each application an intense feeling of pressure and weighty feeling in the brain, which could not be regarded without some uneasiness.* The statements, backed by professional and popular prejudice, account perhaps for the subsequent neglect of cold-water treatment of fevers. But the observations made of late years by Brand, of Stettin, Jurgensen, of Leipzig, Liebermeister, of Basle, Ziemssen, of Erlangen, and H. Weber and Wilson, of London, show that although the practice may not shorten the fever, and is often inapplicable, yet under certain circumstances it is useful not only for reducing the temperature, first of the surface and then of the interior of the body, but for relieving headache and other distressing symptoms, removing congestions of the kidneys, warding off delirium and coma, and rousing the nervous system in cases of excessive stupor. The circumstance has perhaps been too much lost sight of, that cooling the body may not influence the conditions on which the development of heat depends; but with reduced heat it may be assumed that there will be diminished metamorphosis, to the non-elimination of the products of which many of the dangers of fever are due. In point of fact, Schroeder, of Dorpat, has ascertained that cold baths effected a marked diminution in the excretion of carbonic acid and urea in fever; † and as this was not attended by any aggravation of the general symptoms, it is fair to attribute it to a retarded metamorphosis of tissue.

Statistics have been appealed to to prove the great success of the cold water treatment of fever (particularly of enteric fever) as contrasted with that of an expectant method; and although other conditions not stated may have helped to influence the result, they suffice to show that the practice is not beset with the dangers commonly imagined. But the most conclusive facts in favor of the practice are those observed in certain cases of hyperpyrexia by Dr. Wilson Fox ‡ and others, where its employment was followed by recovery from an elevation of a temperature (110 deg. Fahr.) which, under every other method of treatment, has been speedily followed by death. At the same time there are many cases of pyrexia in which the cold affusion

* Article "Continued Fever" (*Library of Medicine*, vol. 1, 1840).

† Ueber die Einwirkung kalter Bäder auf die Gas-und Harnstoff-Ausscheidung beim Typhus.—*Deutsch. Archiv klin. Med.*, 1869, Bd. vi., S. 385.

‡ *On the Treatment of Hyperpyrexia by Means of the External Application of Cold*. London, 1871.

or immersion would be unsuitable or injurious. It is likely to be of the most service when the temperature is under 102 deg. Fahr., or when the extremities are cold, although the temperature of the central part of the body be high; and it must always be employed with caution when there are the signs of weakened cardiac action or of stagnation of blood in the capillary circulation, although it may be noted that in one of Dr. Fox's patients, who was apparently rescued from death, the face was cyanotic, and the radial pulse imperceptible.

There are different plans for employing cold water in the treatment of pyrexia, such as the cold affusion practised by Currie, packing in a cold wet sheet resorted to by Brand, or immersion in cold baths. The last is the method now most in fashion. The patient is placed in a bath having from 50 deg. to 70 deg. Fahr., or better, as Ziemssen recommends, in one whose temperature is about 10 deg. below that of the body, but which, after the patient's immersion is gradually cooled down to 68 deg. by adding cold water. He should remain in the bath for half an hour, or until shivering comes, and all the time he is in the bath his limbs ought to be rubbed by assistants. He is then to be hastily dried and put into a warm bed. For some time after the bath the temperature in the rectum continues to fall as the trunk parts with its heat to the extremities; but as soon as the temperature in the rectum rises again to 104 deg., the patient ought to have another bath. In the early stages of the fever as many as seven or eight baths in the day may be necessary. When cold affusion or immersion is contraindicated or inexpedient, frequent sponging of the surface with cold or tepid water will also help to cool the body, and is often a source of much comfort to the patient.

Quinine in large doses has an undoubted influence in lowering the temperature of pyrexia. In most cases of severe pyrexia, ten, fifteen, or twenty grains will, within an hour or two, cause a fall of the temperature to the extent of three or four degrees, and to a less degree of the pulse.* It is true that the effect passes off after a few hours, and that there is no good evidence (except in malarious fevers) of its cutting short the natural course of the attack; but the effect may be maintained by a

* For evidence on this point, see Report of a Committee (of which I was a member) of the Clinical Society.—*Trans. Clin. Soc.*, 1870, vol. iii.

repetition of the dose ; and the remedy has often appeared to me to be of signal service when a pyrexia was at its crisis, and when the temperature was rising in place of falling.

Digitalis, *Aconite*, and *Veratrum Viride* have a marked power in reducing the pulse, and, to a less extent, the temperature in pyrexia, and are, in my opinion, too much neglected for these objects in practice. *Veratrum viride* is largely used in America in the treatment of fevers, and its effect upon the pulse is speedy and most decided ; the only objection to its use in private practice which my experience suggests is its liability to induce sudden nausea and faintness, but these symptoms are transient, and cease on the administration of a stimulant. Ten or fifteen minims of the tincture may be given every four or six hours. *Aconite* is a remedy of great value for reducing the pulse and temperature in fever, and especially in the pyrexia resulting from local inflammations, and is much less used than it deserves to be. *Digitalis* is another remedy which I have often found very serviceable in various forms of pyrexia. While increasing the force of the cardiac contractions, it diminishes the frequency of the pulse, reduces the temperature, and increases the flow of urine. Lastly, *antimony* reduces in a marked degree, the frequency of the pulse in pyrexia, and promotes diaphoresis and mucous secretion. It was at one time largely used in all fevers, but in many it is contraindicated by its tendency to weaken the contracting power of the heart.

4. The nutrition of the body must be maintained by appropriate food, in the form of milk, beef-tea, eggs, and farinaceous articles. Not long ago it was a custom to starve fevers ; and you may probably have heard that the late Dr. Graves, of Dublin, who was mainly instrumental in doing away with this objectionable custom, expressed a wish that his epitaph might be "He fed fevers." The modern tendency, however, is perhaps to over-feed fevers, and especially to give too much nitrogenous food. Dr. Parkes has shown that there are theoretical objections to a purely nitrogenous diet in fevers. It is doubtful if the disintegrating nitrogenous tissues can be fed ; and in that case the albuminous food must be got rid of by the already over-tasked glandular organs. Milk is in most cases preferable to beef-tea as an article of diet in fevers.

In many cases of fever it will be necessary to give stimulants. You must not give stimulants simply because the patient has fever. Many patients with fever do better without them. But you must not refrain from giving stimulants when the heart shows signs of weakness, as happens in the advanced stages of most protracted fevers. The heart may be artificially stimulated by sinapisms and other irritating applications to the skin, but better by the internal administration of ammonia, ethers, and alcohol, in quantities proportioned to the weakness of the heart and pulse.

5. In every case of pyrexia, you must combat dangerous symptoms as they arise. Stagnation of blood in the pulmonary capillaries, impeding the aeration of the blood, is to be met by stimulants, such as alcohol, carbonate of ammonia, and ethers. Digitalis, by strengthening the heart's action, and turpentine, which seems to stimulate the capillary circulation, are also useful under these circumstances; while advantage will likewise be derived from mustard and linseed poultices to the chest, and from warm applications to the feet. When uræmic symptoms predominate, the action of the skin and bowels is to be promoted, digitalis and saline diuretics may be given to increase the flow of urine, sinapisms and linseed poultices are to be applied over the loins; while attempts may be made to rouse the patient by cold affusion to the head, by blistering the shaven scalp with liquor ammonia, and by sinapisms to the nape and feet. In many cases of fever you will also be called upon to relieve distressing symptoms—such as diarrhœa, pain, sleeplessness and delirium—which, if unchecked, hasten exhaustion and prevent recovery.

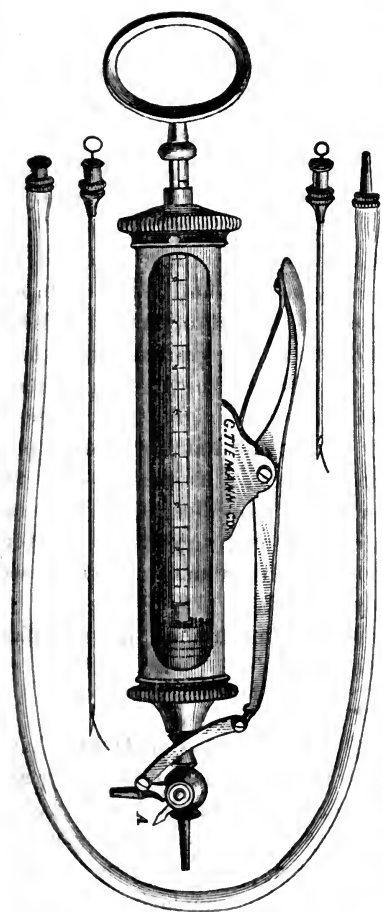
6. You must counteract, as far as possible, secondary complications, which will vary according to the primary cause of the pyrexia, and which always add to the patient's danger.

Lastly, I would caution you against two errors in the treatment of pyrexia:

1. You must take care that the remedial measures which you adopt in no way thwart the natural modes of recovery, or favor the natural modes of death.

2. At the same time, you must not be content with adopting a treatment of pure expectancy. You must not forget that the natural termination of pyrexia may be death, as well as recovery.—(*British Med. Journal.*)

THE ASPIRATOR IN SURGERY.



M. Labrè a young surgeon and *agrégé* (sub-professor), has been doing wonders with the capillary or aspiratory trocar—the instrument patented by Dieulafoy, of Paris. M. Labbè informed me, while on a visit to the Hôpital de la Pitié, that he had, the previous evening, punctured the bladder above the pubis of an elderly gentleman who was suffering from retention of urine resulting from an enlarged prostate.—This was done with the above named instrument, and 700 grammes (about 22 ounces) of urine were drawn off at one sitting. Several ineffectual attempts had been made to introduce a catheter, which ended in making a false passage towards the rectum. M. Labbè prefers Dieulafoy's trocar to the other methods in vogue, as being perfectly innocuous, the wound healing immediately.—He had performed the same

operation several times—both in his nosocomial and private practice, and intends submitting his observations to the Academy of Medicine. A very interesting thesis has been written on the subject by Dr. J. Watelet. In the case under notice, M. Labbè was to relieve the bladder in this way once or twice in the twenty-four hours, according to the urgency of the symptoms; and that he will repeat daily until the wound in the urethra is healed, when he will

resort to other means for the removal of the cause of the retention of urine. I may here observe that many surgeons already predict one great disadvantage in this new method—not to the patients, but to the future generation of surgeons—as catheterism, which even nowadays is so little confided to students would run the risk of being altogether put aside. The capillary or aspiratory trocar, intended at first only as an exploring instrument, was not much larger than an ordinary urethra-syringe. This was gradually increased in size, and was then employed for opening large abscesses and cavities containing liquid. M. Collin, successor to Charrière, has still further improved the instrument, in such a way that it may be used not only for emptying abscesses and cavities, but for washing out or injecting these, and it is of a size, containing from 120 to 160 grammes, that these operations may be performed without deranging the instrument. This new trocar is, I think, destined to render great service both in medicine and surgery; and it struck me that it would be preferable to the ordinary lancet in venesection, as the risk of air entering the vein is *nil*, in which case the needles would of course have to be made a little thicker, so as to have a good and uninterrupted flow, and the ligature above the elbow may be dispensed with.—*Med. Times and Gaz.*, May 4, 1872.

[We give above a woodcut of this instrument, as manufactured by Messrs Tiemann & Co., of New York.]—Ed.

DISINFECTING CHAMBERS.—The corporation of Dublin have constructed a hot-hair-chamber, in which clothes and bedding are disinfected for the public, the fees charged for the process being nominal. The walls and ceiling of the compartment in which the clothes are heated are built of brick, and its floor is composed of perforated iron plate. The heat is supplied from the exterior surface of a coil of pipe eighty feet in length, which acts as a part of the furnace flue. The products of combustion escape into the atmosphere without passing into the close chamber, and no emanations from the infected clothes can pass into the open air; this disinfecting apparatus cannot, therefore, taint the atmosphere of the locality. A disinfecting apparatus of this kind should be erected in every large town. Clothes may be disinfected in a common oven, if care be taken to prevent the temperature from extending beyond 300 degrees.—*Med. and Surg. Reporter.*

POST-MORTEM DELIVERY.—*The Indian Medical Gazette* for June contains the following interesting communication :

“ *The Medical Press and Circular* of April 3 contains two letters by Drs. Swayne, of Carrick-on Shannon, and Lanigan, Ballymahon, describing two instances of post-mortem expulsion of the fœtus through the agency of gaseous distention of abdomen. Dr. Swayne states that ‘ he never heard or read of a similar instance.’ We suspect that the incident is not an uncommon one in Indian medico-legal practice. We can recall at least one instance of such an occurrence. The body of a pregnant woman is despatched from a distant part of a district, and wrapped up rather loosely in a coarse cloth and bamboo matting. On arrival at the sudder station the civil surgeon finds it semi-putrid, eyes bursting, limbs widely apart, and abdomen swollen and hard as a drum. On removing the coverings, a fœtus is found beneath the things, and the uterus not unfrequently prolapsed, while the bystanders declare that when the body was started nothing of the kind was observed. Dr. J. H. Aveling, gives notes in *The Lancet* of April 27, of six instances of post-mortem delivery. In five of these the delivery took place after the women had been committed to their coffins and graves. These examples are drawn from old records, but they have an air of circumstantiality and truth about them. In one instance the infant was extracted alive from the coffin. It would be very interesting and medico-legally important to find, as we have hinted is probable, that what is considered in England a curious and rare phenomenon is in India a common and familiar circumstance. In *The Indian Medical Gazette* for August, 1867, Dr. R. F. Hutchinson, then civil surgeon at Patna, has recorded a good case of post-mortem parturition which he considered unique. The medico-legal relations of effects produced by putrefaction can perhaps be better studied in India than in any other country in the world; because the conditions causing it are ever present in varying degrees, and the instances of changes of all kinds and degree due to the influence of the heat and moisture abound. We have seen the viscera of the abdomen occupying the cavity of the thorax, into which they had been thrust through a rent in the diaphragm, of whose post-mortem causation there could be no reasonable doubt.

ST. THOMAS'S HOSPITAL, LONDON.—This new and imposing structure, situated on the right bank of the Thames, covers nearly an area of twelve acres of ground. The whole cost of the buildings, with furniture, amounted to about \$2,500,000.

CONCEALED PRÆ-PARTUM HEMORRHAGE.

Mr, Joshua Parsons, of Frome, writes to the *British Medical Journal* :—

The three cases which I am about to detail have occurred to me at long intervals in a tolerably extensive midwifery practice of many years' duration : and, although they belong to a class well recognized and often described by writers on the subject, yet I have found in conversation that many brother practitioners of intelligence and experience, not having had their attention specially directed to such cases, possess but vague ideas of their nature and treatment. There are, however, few accidents interfering with the even tenor of natural parturition more distressing to witness, or calling for more clearness of diagnosis and decision of treatment on the part of the medical attendant, than those of which I am about to speak. It has, therefore, struck me that a record of these three instances, though not otherwise very interesting, may form a foot-print for whose guidance some perplexed and anxious brother may be thankful.

Case 1 occurred in 1840. The patient was the wife of a weaver, a strong and healthy primipara, arrived at the seventh month of gestation. On February 8th she was seized with faintness and a feeling of painful distension of the abdomen ; but, as no labor pains occurred, no treatment was adopted by the midwife beyond keeping the patient in bed. As, however the pallor and distension increased, I was summoned on the 12th, and found the woman exhausted and exsanguine to a remarkable degree. Upon examination, although there had been no pains or discharge, the os uteri was flaccid and dilatable, the membranes unruptured, and the face presenting. I had at the time no idea of the nature of the case with which I had to deal ; but possessed with the dread, instinctive in an accoucheur, of seeing my patient die undelivered, and miles away from instruments or professional assistance, I introduced my hand into the unresisting uterus, and immediately delivered the small dead fœtus by the feet. Finding the abdomen but little diminished in size, I thought there was another child to be born, and plied the woman freely with brandy and ergot ; and after a while had the satisfaction of finding the placenta thrown off. The cause of danger and perplexity then became evident ; for I removed from five to seven pounds of old

black coagula. The uterine surface of the placenta showed that it had been detached over its larger part. The woman slowly recovered to a great extent, but was ever afterwards an invalid and remarkable for her extreme pallor.

Case 11 occurred on December 4th, 1860, to one of those unhappy individuals whose bairntime (to use a Scotticism) was a catalogue of disasters. She had arrived at the eighth month of her eleventh pregnancy, when she was, at 4 o'clock on the morning mentioned, while lying quietly in bed, seized with sudden deadly syncope. As she lived close to my house, I saw her in a few minutes; and recognizing the nature of the case, I examined and found the head presenting, and the funis prolapsed. Being thus enabled to assure myself that the child was dead, and knowing from former experience that to deliver the patient with forceps was a work of time and difficulty, I did not hesitate to resort immediately to craniotomy, and, after giving ergot, to remove the placenta and a large mass of coagulum which appeared to be of recent formation. The patient recovered and had children subsequently.

Case 111.—This patient is the wife of an innkeeper living four miles from my house, and was expecting her seventh confinement in November last. For four days she had been observed to lose her color, and complained of hardness and tension of the abdomen, but had continued to move about and attend to her household duties. On the afternoon of the 19th she fell suddenly in her kitchen, and was for a long time unconscious. When she was carried to bed, a slight discharge of blood was observed, and I was sent for, being told to come directly, as she had a fit. When I arrived she had become conscious, but was tossing about pale and pulseless, with no labor-pains, but a slight sanguineous discharge from the vagina. On examination, I found the os about the size of a shilling, occupied by distended membranes, but very hard and resisting. I immediately sent for my son, Dr. Parsons, asking him to bring various instruments, and intending, as the urgency of the case seemed increasing every moment, to deliver as soon as he arrived. As, however, by reason of distance, a considerable time must necessarily elapse, I determined to do something; and so I ruptured the membranes, and gave at once two drachms of the liquid extract of ergot, repeating the dose in half an hour. Fortunately these means were successful in controlling the hemorrhage; and on my son's arrival

the aspect of affairs had so much improved, that we considered it right to wait awhile and watch for the issue. About midnight labor-pains came on, and the woman was delivered naturally about A. M. The child had been evidently dead for some days, and the placenta was followed by a great gush of fluid blood and many pounds of old clot. The woman is still suffering from exhaustion and bloodlessness, but will, I trust, ultimately recover.

The cause of the accident of which I have been speaking is, to me, obscure. In neither of these cases had there been any over-exertion, nor had either of the patients been exposed to any of those shocks of body or mind which we are accustomed to see followed by hemorrhage and premature birth. In the first and third cases, the pallor and painful distension showed that a moderate discharge of blood had been taking place between the placenta and uterine walls for some days before a sudden and unaccountable increase occurred and produced the alarming symptoms already described. Although the issue was fortunate in these instances, yet I need not tell you it is by no means always so, two or three fatal cases having occurred within my own knowledge. In the last case, my distance from home led me to adopt measures which fortunately proved successful; but, looking at the tendency to sudden increase of symptoms, I would not voluntarily run the risk of delay, but should make it a rule, where I had reason to believe that subplacental hemorrhage was going on, to induce labor and complete the delivery of the patient by the speediest method suitable to each particular case.

I do not know any condition likely to cause difficulty in the recognition of this accident. In the second case, the sudden and complete collapse and violent pain might at first have led to a supposition of ruptured uterus or abdominal pregnancy; but the round, well-defined uterus, hard as a cricket-ball, and perhaps the absence of tenderness, would at once clear up the difficulty. In neither case did I observe any diseased condition of the placenta likely to account for its separation from the uterus, though the appearances plainly indicated that such separation had taken place to a very large extent.

METHOD OF DETECTING SMALL QUANTITIES OF SUGAR IN URINE.

Dr. J. Seegen, Professor in the University of Vienna, says in the *British Medical Journal*, Trommer's is the most reliable and delicate test for sugar. With its aid I am able with certainty to make out 0.3 milligramme (0.045 grain) of sugar dissolved in 10,000 times the amount of fluid. This great delicacy of the test, however, only holds good as long as we have to do with a watery solution of sugar. If, on the contrary, small quantities of sugar are to be detected in urine, Trommer's test is neither delicate enough nor reliable, for two reasons. 1. Urine contains certain substances (coloring matters, creatine) which prevent the sub-oxide of copper when formed from being precipitated; no separation of the reduced sub-oxide of copper therefore, takes place, the blue fluid only becoming yellow or yellowish-brown, or presenting a turbid discoloration. 2. The same processes of reduction are also brought about by uric acid; and urine containing a considerable amount of uric acid acts on Fehling's test-fluid exactly in the same manner as urine containing 0.1 to 0.2 per cent of sugar.

The method devised by me has for its object the exclusion of those other constituents of urine which would disturb the proper action of the test, and the transformation, as it were, of the saccharine urine into a watery solution of sugar. Animal charcoal has the property of retaining most of the constituents of urine, more especially the coloring matters and uric acid. After filtering a watery solution of uric acid through charcoal I could (provided the charcoal had been good), after repeated filtrations, not find a trace of uric acid in the filtered fluid. Now, in order to detect small quantities of sugar in urine, I proceed in the following manner:

I filter one or two ounces of the urine several times through good animal charcoal until the urine is completely colorless.

This operation only takes a few minutes. Then I wash the charcoal on the filter with a little distilled water, and to this water, when filtered off, I apply Trommer's test. The water with which the charcoal has been washed is almost as sensitive to Trommer's test as a watery solution of sugar, and in it I could detect even 0.01 per cent of sugar by a beautiful red precipitate of suboxide of copper, whilst the original saccharine urine, when not filtered, only pro-


duces a yellow discoloration of Fehling's test fluid. With urine containing a little more sugar—say 0.1 to 0.2 per cent.—the water flowing off from the second and third washing, acts even more energetically upon the test-fluid than that of the first washing, producing an even purer deposit of suboxide of copper. The water obtained by the subsequent washings thus evidently contains the sugar in a purer form. With normal urine, the water obtained by the above process is either entirely inactive towards Fehling's test-fluid, which remains blue, or it assumes only, after a while, a slight dichroid (varying color according as the light falls on or passes through) turbidity. The water obtained by a second or third washing always remains without any effect. When the quantity of sugar has to be determined, the urine must not be filtered through charcoal, as the latter always retains a certain quantity of the sugar which cannot be removed again by washing.

HYDRATE OF CHLORAL IN TRAUMATIC TETANUS.—Dr. Joseph R. Beck, of Fort Wayne, Ind. (*St. Louis Med. and Surg. Journal*), has compiled 35 cases of traumatic tetanus, and reports one case of his own, 30 of which were treated by chloral alone; 2 by chloral with the continuous current; 1 by belladonna and bromide of potassium; 2 by chloral and calabar bean; and 1 by chloral belladonna, and ice to spine. Of those treated by chloral alone, 16 recovered; the two cases treated by chloral and continuous current recovered; one of the cases treated by chloral and calabar bean recovered; the case treated by chloral, belladonna, and potas. bromide got well; chloral, in connection with belladonna and ice to the spine, proved successful in the one reported case. He does not propose to discuss any of these conclusions, inasmuch as the statistics at this time at the command of the profession are too meagre as to all other remedies than the calabar bean and hydrate of chloral, and are too recent to admit of a true estimate of the latter. As far, however, as the statistics contained in his paper are concerned, Dr. Beck believes that the remedy discussed makes a very favorable exhibit, and is disposed to give it the preference over any or all other remedies in this disease. Perhaps, under a peculiar state of circumstances, he would conjoin other treatment, especially the continuous electric fluid, but his chief reliance would be placed upon chloral. In a future paper he will compare the results attained by the physostigma venosum with those credited to the hydrate of chloral; and thus add a page of comparative statistics to the general fund.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

 Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, SEPTEMBER 2, 1872.

LACTO-PHOSPHATE OF LIME.

In a great number of acute diseases as well as in all low forms, such as typhoid and typhus, there is a great tendency to asthenia, occasioned by the peculiar character of the malady or the constitution of the patient, and marked by a constant rise of temperature. The latter phenomenon is due to a disintegration of the tissues; all molecular changes in the organism are attended by the formation of heat, and these changes are under the influence of the ganglionic nervous system. Any substance, therefore, which produces a sedative influence on this nervous system will have a tendency to retard the process of disintegration, and hence lower the temperature. Such is the *modus operandi* of alcohol, tea, coffee, &c., in the treatment of low forms of disease. In consequence of the great atony which follows the long continued arrest of nutrition in these diseases several months may elapse before convalescence is fully established. It is in the treatment of this condition of things that the "lacto-phosphate of lime" is so highly recommended. The reason of the failure of the salts of lime to realize the marked and precise effects expected in the treatment of rickets, osteomalacia and fractures is that the pulverulent phosphate of lime is the preparation invariably prescribed. The gastric juice of the stomach contains only a small quantity of the natural solvent, lactic acid, and consequently only a small proportion is capable of absorption. It is

therefore necessary in order to obtain the beneficial effects of this substance, to use it in a perfectly soluble state. The lacto-phosphate of lime, first recommended by M. Dusart on account of its solubility, is therefore admirably adapted to fulfil the indications requiring the administration of the salts of lime. It is not only a medicinal agent of the highest value, but also an important aliment or article of food, and its administration can not, like that of alcohol, produce mischievous effects, as it never depresses the nervous system. It is best administered in the form of a syrup. This preparation is extremely palatable, and is readily taken by children. Dr. Black of Paris, used it with marked success in the treatment of typhoid fever during the siege of Paris. Owing to the defective sanitary and hygienic state of the city, and the moral effect produced by the siege, the epidemic was very grave and of a low type. The administration of this remedy was almost invariably attended by lessening of the frequency of the pulse and a diminution of the temperature of the body, at the same time the countenance lost that expression of stupor which is so characteristic of the low forms of the disease. But it is more especially during the period of convalescence that its beneficial effects are most strikingly seen. It excites digestion, increases the assimilation of alimentary substances, awakens muscular energy, and secures a speedy restoration to the natural condition. It is also highly recommended in the treatment of dyspepsia, especially when combined with pepsin. The wine of lacto-phosphate of lime administered after meals is found very serviceable in the atony and general exhaustion peculiar to aged persons. It aids digestion, promotes assimilation, and arouses muscular and nervous energy.

The syrup of the lacto-phosphate of lime may be prepared as follows :—Take concentrated lactic acid ℥j., dilute it with ℥ij. of pure water, add of the magma of freshly precipitated phosphate of lime enough to saturate, orange-flower water ℥jss., and filter; then add pure water to make ℥viij., and put in ℥xj. of white sugar. Each drachm contains from two to three grains of phosphate of lime. The dose of the above for an adult is from one to two table-spoonfuls three or four times a-day.

Dr. Henry Hancock has been elected president of the Royal College of Surgeons, England, and Drs. Curling and Le Gros Clark, vice-presidents, for the ensuing year.

PUBLIC BATHS.

It has been aptly said that the virtue of "cleanliness is next to godliness. This virtue which is also so necessary to health, is one to which very little attention has been paid by the civic authorities. Every day or so we read of casualties resulting from bathing in our bays and rivers, and the wonder is that they are not of more frequent occurrence. Boys are instinctively fond of swimming and paddling about in the water, whenever it is sufficiently warm to admit of it. During the hot weather in summer they often shock the modesty of delicate ladies and gentlemen by performing their ablutions in some of our public places, when not prevented by the police. The severe heat of the last two months has rendered frequent ablutions not only essential to comfort but also beneficial to health, and since many of the houses in which the laboring classes live, and many of the better classes also, are unprovided with suitable conveniences for bathing, a large proportion of the community must either have dispensed with that requisite altogether, or have had recourse to our bays and rivers. Of course there are in the cities of Montreal, Toronto, and many other towns and villages, a few institutions where baths may be obtained, but these are few, and some of them filthy and entirely inadequate to meet the wants of the community. What are really required are large bathing houses, where only a small fee is charged. They might be floated in the bays and rivers, as they are in Paris and other places, where attention is paid to cleanliness. Such establishments properly built and conducted would not only be a strong inducement to habits of cleanliness, but also afford an opportunity for learning and practising the art of swimming. We would therefore desire to press upon our civic authorities the propriety of erecting such establishments, and have them in readiness for next summer. After the experience of the present season, we consider them wanting in their duty if they fail to make some adequate provision for the health, comfort and cleanliness of the community.

MEDICAL JOURNALISM.

There are 55 medical journals published in the United States. Forty-one of these are Allopathic, 9 Homœopathic, and 5 Eclectic. The circulation of the majority of these varies from 500 to 1,000, a

few from 1,500 to 2,000, and only two reach over 3,000 circulation, *The Medical Record*, semi-monthly, 3,726, and the Philadelphia *Medical and Surgical Reporter*, weekly, 3,500.

The circulation of the CANADA LANCET for the past year has been 1,500 per month, and for the present month (September,) the commencement of the new volume, it is 1,600. This we consider highly satisfactory, when we reflect upon the limited area in which we have to work, and we would take this opportunity of publicly thanking our friends for their kindness and liberality in aiding us by their contributions, and also financially in our undertaking. We have now established on a safe and permanent basis a medical journal, of which we as Canadians need not feel ashamed, and it is our intention to render it still more acceptable to our many subscribers. As an exponent of the state of medical science, and the independent organ of the profession in the Dominion, we are desirous of soliciting for its columns all that is of interest in medicine, and with a view to encourage this department we intend to devote more space to original articles, cases in practice, communications, and hospital practice. This we intend to accomplish not by omitting important and valuable selections; but by increasing the number of pages in each issue to the extent that may be necessary to make room for original matter. With this object in view the present number of the LANCET has been increased in all to 72 pages. More space will also be given to *Notes and Comments*, which will be made to contain a digest of our own reading during the month.

With this programme before us we enter upon the new volume, feeling confident from the support and encouragement we have received in the past, that our efforts will be crowned with success.

CHANGES.—Since our last issue our old cotemporary the *Canada Medical Journal* has ceased to exist, and in its place two new journals have been started—*The Canada Medical & Surgical Journal*, edited by Dr. Fenwick, the senior editor of the late *Canada Medical Journal*, and *The Canada Medical Record*, edited by F. W. Campbell. The editors have also assumed in addition to their editorial duties the responsibility of publishing their respective journals. The firm of Dawson Bros., were the publishers of the old journal. While wishing our new cotemporaries every success, we cannot help remarking with regret that it is a pity they should be so divided. There are at present 3 medical journals published in Montreal—The

two named above and a French journal, *L'Union Medicale*. This useless and unnecessary division but weakens their influence and will eventually make them a burden upon their projectors.

CANADA MEDICAL ASSOCIATION.

The meeting of the Canada Medical Association will be held in Montreal, on the 11th inst. It would be well for as many members from Ontario to be present as can make it convenient to attend. The contemplated medical act which was before the association at the last two sessions, will be up for final discussion. Those medical men who have not seen the amended act can obtain a copy by applying to Dr. H. H. Wright, of Toronto, who will be happy to send them one by return mail. This contemplated act, the principles of which have been already fully discussed in the columns of the *LANCET*, will no doubt form the principal topic of discussion, and we trust that it will receive its quietus from the association. In its present form it is exceedingly objectionable to the profession of Ontario.

DEAD BEATS.—“Publishers more than any other class of business men are imposed on by dead beats. We have several of this class on our books, who have allowed their subscriptions to run months and years, and then refuse to pay. We are now sending out bills to delinquents, and we intend to publish a list of those who have been receiving the Journal, and refuse to pay for the same, in order that other publishers may not be swindled by these gents.”

[We copy the above paragraph from one of our exchange journals, published on the other side of the lines. We have met with a few such cases in our own experience, and can fully sympathize with the writer in reference to this matter. There are on our list at the present moment the names of medical men, who have not paid one cent towards the support of the Journal since we assumed its management, in September, 1870. A strict adherence to the cash-in-advance system is the only true remedy for this state of affairs.]—ED.

HEGEMAN'S CORDIAL ELIXIRS.—We beg leave to call the attention of the profession to these elegant preparations, made by Hege-man & Co., New York. We have tried their elixir of Calisaya bark, in our own practice, and can speak confidently of its value in all cases of debility, especially where the stomach is in a delicate condition. The bark is deprived of its tannin and coloring matter, and when combined with pyrophosphate of iron, forms not only an agreeable, but a very efficacious tonic and antiperiodic. This firm does not deal in patent medicines in any shape or form, their business being confined to the manufacture of pharmaceutical preparations, &c. Samples will be furnished on application.—(See advt.)

NOTES AND COMMENTS.

DETERMINING THE SEX IN UTERO.—Dr. Hutton, (New York Med. Journal,) says that when the foetal pulsations are about 144 the child is a female; when about 124 it is a male. He mentions 7 cases in which he put this rule to the test and in every instance the prediction proved to be correct.

NATURE OF CANCER.—The latest views regarding the nature of Cancer are that it is not at first a constitutional disease; but purely local and that the system subsequently becomes affected by absorption of its elements. Early removal by the knife is therefore strongly recommended, and the subsequent use of caustics to the wound, chloride of Zinc, being the most serviceable.

CHOLERA REMEDY.—*New Remedies* for April, 1872, contains the following cholera prescription, a favorite one of Dr. Harts-horne, of Philadelphia: R. Chloroform, Tinct. opium, Spts. cam-phor, Spts. ammonia aromatic, aa f 3 iss.; Creasote, gtt. iij.; Oil of cinnamon, gtt. viij.; Brandy, f 3 ij. Mix. Dilute a tea-spoonful with a wine glass of water, and give two teaspoonfuls every five minutes, followed by a lump of ice.

LIQUID NITROUS-OXIDE.—An apparatus has lately been patented in the United States by Johnston Bros., of New York, for holding liquid nitrous-oxide. It consists of an iron cylinder, 12½ inches long by 3 inches in diameter, into which one hundred gallons of the gas is compressed. When wanted for use the gas is drawn off in an india rubber bag provided with an inhaler. The advantages are, the facility with which it can be transported and the greater

purity of the gas. Dr. Sims lately used it in a case of ovariectomy, the patient being kept under its influence for an hour and a half.

IN-GROWING TOE NAIL.—The operation of removing the entire toe-nail as recommended by Dupuytren is barbarous and unnecessary. The better operation is performed as follows:—The point of a strong scalpel is inserted at the root and the nail divided its entire length, on a line with the ingrowing border, and this section dissected off, including the root. It is then dressed with lead and opium, and kept at rest for a short time. This is generally followed by a radical cure. (Clinic by Prof. Gross, Med. Times.)

FATAL CASE OF HYSTERIA.—Dr. R. W. Foss (British Medical Journal,) reports a fatal case of Hysteria. The patient when first seen by him was laughing and crying alternately, was perfectly conscious, and complained of the *globus hystericus*; in three hours afterwards she was dead. The *postmortem* examination revealed nothing to account for death taking place so suddenly, except a small clot of blood in the right ventricle, owing no doubt to syncope.

BLUE LIGHT AS AN ORGANIC STIMULANT.—From observations and experiments which have been lately instituted, regarding the effect of blue light on the system, it has been found to be one of the most powerful tonics and stimulants known in medicine. The application is carried out simply by removing every second pane of glass from the window of the sick chamber and substituting blue glass instead. It has been found exceedingly valuable in Typhoid Fever and debility from whatever cause.

MAIMING ESTABLISHMENTS.—It is stated that the police of London, Eng., have recently discovered an establishment for maiming children. In consequence of the rich reward reaped by beggars afflicted with deformities, parents are to be found so depraved as to hand over their children to be tortured and maimed for the sake of making money out of their deformities. The proprietors charge for maiming in proportion to the age of the children—for a child of one year old the sum of \$7 was charged for twisting the leg, and for a child 18 months the sum of \$10 for a similar operation. This is a striking commentary on indiscriminate almsgiving.

REDUCTION OF HERNIA.—Dr. Cooper Foster, surgeon to Guy's Hospital (London Lancet) says in regard to the reduction of strang-

ulated Hernia : Never attempt to reduce except the patient is under chloroform, so as to do away with all chance of muscular effort on the part of the patient. He says make one decided effort under chloroform and if it fail, operate ; forcible taxis and delay in operating are the great causes of death in all our Hospital practice. First comes the private medical man, he tries several times, then the dresser, then the house surgeon, the advanced student who may happen to be looking on, and lastly the surgeon is sent for. He considers the operation one of the simplest and easiest in surgery, and comparatively safe when done early.

CANTANI'S TREATMENT OF DIABETES.—The theory of Prof. Cantani, of Naples, regarding this disease is that it is not due so much to the increased formation of sugar ; as to defective combustion, owing to the introduction of a morbid form of glucose, which is incapable of being changed into Lactic acid, in the ordinary way. The heat of the body is therefore maintained at the expense of the albuminates and fats. He recommends in view of this theory the administration of lactic acid, and an exclusive meat diet. The Lactic acid is consumed at the Lungs, and this saves the albuminates and fats. This mode of treatment has been found more successful than any hitherto adopted.

BLINDNESS AND DEAFNESS FROM CEREBRO-SPINAL MENINGITIS.—Dr. Knapp, in the *Medical Record, New York*, gives an account of 41 cases of blindness or deafness, the consequence of Cerebro-Spinal Meningitis. Of these 31 were deaf in both ears, eight blind in one eye, and one blind in both. The eye affection is a form of purulent choroiditis, by which the various membranes are destroyed. The ear affection appears to be chiefly confined to the internal ear, and is said to consist of a purulent inflammation of the membranes of the Labyrinth. No disease of the middle ear could produce such decided deafness as these cases present. There is no discharge from the ears in the majority of cases, and the deafness is permanent. Of 24 cases of total deafness only one gave evidence of improvement. It was at first thought that the deafness was owing to destruction of the auditory nerve within the Brain, but subsequent investigation showed this not be the case.

JURY OF EXPERTS.—At the last meeting of the American Medical Association, a resolution was adopted recommending judges

before whom cases are to be tried, involving questions of medical jurisprudence, to appoint a "Commission of Experts" to collect and report on all the medical testimony and evidence presented, and report to the court. This would be a decided improvement. In many trials for mal-practice such a jury of experts would make short work of them.

SMALL POX.—This disease still prevails to a considerable extent in England, especially in the Country Towns and Villages. In London the return of the Registrar General reported no less than forty-three deaths during the first week in July. This represents a large number of cases.

We are happy to say that the epidemic has almost entirely subsided in Toronto. The few cases still in the Small-pox Hospital are convalescent, and there are no reports of fresh cases.

INVERSION OF THE UTERUS.—The August number of the *Buffalo Medical and Surgical Journal* contains a report of a successful case of reduction of an inverted uterus of *twenty-two years* standing, by Prof. White, of Buffalo. This is the tenth case replaced by that gentleman, and is remarkable for the length of time that has elapsed since inversion took place. The operation, which was obviously a difficult one, occupied an hour and a half. The patient did remarkably well. The operation, conducted in the manner described in the July number of the *LANCET*, was performed on the 23rd of June, and the patient was going about in a fortnight.

RATE OF MORTALITY IN DIFFERENT CITIES.—The death-rate of various cities of the world during 1870 is as follows, the figures indicating the number of deaths per every thousand of population; Montreal, 31.5; Liverpool, 31.1; Vienna, 29.8; New York 28.8; Manchester, 27.8; New Orleans, 27.58; Edinburgh, 26.3; Baltimore, 25.65; Chicago, 24.5; Boston, 24.55; Brooklyn, 24; London, 24; Philadelphia, 22.75; San Francisco, 21.57; St. Louis, 21.3; Cincinnati, 18.39, and Bombay, 18.2.

APPOINTMENT OF CORONERS.—Richard King, Esq., M. D., of Baillieboro, associate coroner for the united counties of Northumberland and Durham. R. H. Hunt, Esq., M. D., of Clarksburgh, associate coroner for the County of Grey.

Thos. B. Dack, Esq., M. D., of Creemore, Associate Coroner

for the County of Simcoe. Henry A. Kilborn, Esq., M. D., of Russell, Associate Coroner, for the united counties of Prescott and Russell. Thos. Kiernan, Esq., M.D., of Creemore, Coroner for the County of Simcoe.

MEDICAL AND SURGICAL REPORT OF THE TORONTO GEN. HOSPITAL FOR YEAR ENDING SEP. 1871.

Diseases, Accidents, &c., treated during the year.

Abscess,.....	11	Gonorrhœa,.....	6
Asthma,.....	3	Heart Disease,.....	7
Ascites,.....	7	Hysteria,.....	5
Apoplexy,.....	3	Hypertrophy of Os,.....	1
Anasarca,.....	3	Hemiplegia,.....	16
Albuminuria,.....	10	Housemaid's Knee,.....	4
Anemia,.....	6	Hemorrhoids,.....	6
Bronchitis,.....	7	Iritis,.....	2
Bubo,.....	2	Masturbation,.....	3
Balanitis,.....	1	Nævus,.....	3
Calculus Vesicæ,.....	7	Nephritis,.....	7
Caries,.....	7	Necrosis,.....	16
Chlorosis,.....	3	Opium Eater,.....	1
Concussion,.....	9	Orchitis,.....	4
Catarrh,.....	3	Oesophageal Stricture,.....	4
Cancer of Stomach,.....	4	Ophthalmia pur.....	10
Cholera Morbus,.....	6	Phthisis,.....	28
Cystitis,.....	6	Pneumonia,.....	13
Constipation,.....	28	Pleurisy,.....	4
Cancer,.....	9	Periostitis,.....	4
Dipsomania,.....	16	Psoriasis,.....	6
Delirium Tremens,.....	9	Pyolitis,.....	9
Dislocation,.....	26	Periostitis,.....	8
Diabetes,.....	4	Paralysis,.....	27
Debility,.....	14	Rubeola,.....	4
Dysentery,.....	5	Rheumatism,.....	36
Endocarditis,.....	1	Scabies,.....	9
Erysipelas,.....	8	Synovitis,.....	5
Eczema Rubra,.....	8	Syphilis,.....	15
Epilepsy,.....	7	Scarlatina,.....	3
Enlargement of Liver,.....	13	Tape Worm,.....	2
Epithelioma,.....	4	Tumors,.....	18
Fever Typhoid,.....	38	Urethral Stricture,.....	27
Fever Intermittent,.....	9	Ulcer,.....	26
Fistula in Ano,.....	6	Variola,.....	15
Fracture Simple,.....	19	Vesico-vaginal Fistula,.....	3
“ Compound,.....	6	Vicarious Menstruation,.....	6
“ Comminuted,.....	3	Varicose Veins,.....	8
Frost bite,.....	3		

Total,..... 703

OPERATIONS.

For Calculus Vesicæ,.....	7	For Hemorrhoids,.....	6
“ Caries,.....	7	“ Nævus,	3
“ Cataract,.....	3	“ Necrosis,.....	16
“ Cancer,	4	“ Oesophageal Stricture,..	4
“ Dislocation, (reduction.)	26	“ Tumors,	18
“ Fistula in Ano,.....	6	“ Urethral Stricture,.....	27
“ Frost Bite,.....	3	“ Vesico-vaginal Fistula...	3
“ Fractures, (reduction.)..	28	“ Varicose Veins,.....	8

Patients are admitted to the hospital from all parts of the Province, on payment of 40 cts. per day, for a period of about three weeks, after which they are placed on the free list ; or a guarantee from the mayor of a city, or the reeve of a municipality, that the amount will be paid. Incurables are not admitted.

CORRESPONDENCE.

[To the Editor of the *Lancet*.]

On Wednesday, August 7th, I was called to see a little boy, about four or five years of age. Found him somnolent and complaining of very little pain when aroused. Had been ailing since Monday ; what pain he had, seemed to be in his stomach and head. There was a tendency to stretch the head far back ; conjunctiva suffused ; temperature of the body normal, or but slightly increased ; pulse from 100 to 120, and compressible ; tongue covered with a thin, whitish coat ; pupils rather contracted throughout the disease ; face but little flushed, and at times rather pale. I was told that the patient had always been in the habit of sleeping with the head back.

Thursday.—Patient still somnolent, but at times he became aroused and uttered a loud outcry, struggling with his hands stretched out, and feet thrown back. Pulse rose during the day to 144. Found considerable heat and some tenderness at the cervico-spinal region. The temperature of the head was but slightly higher than natural.

Friday.—Pulse down to 120. Bowels were moved by enema. Later in the day the pulse lowered to 108, and the child called for something to eat. Was fed some new potatoes at noon.—(Vide Flint's practice, p.p. 605, concerning remission of the symptoms.)

Towards evening the somnolence inclined to coma, which was occasionally interrupted by a loud outcry, and convulsive movements; the hands and feet thrown backward, and considerable struggling. The child on these occasions seemed to be in a state of terror or dread of something. Respiration became embarrassed with what appeared to be a collection of mucus in the throat. The patient inclined to vomit. At the suggestion of the parents, and with a view to dislodge worms if they should be present, a mild emetic was given, but nothing was vomited except the ingesta and a quantity of frothy sputa. The respiration became more and more obstructed, the coma more profound, and deglutition impossible. Pulse, as nearly as could be determined 192—and nearly imperceptible. The handle of a teaspoon was introduced into the mouth and a quantity of frothy sputa disgorged; and, at the same time, it was ascertained that there was no tonsillitis or diphtheritic exudation present. There were slight contractions of the muscles of the right side of the face; eyelids but partially closed, and eyeballs turned up so that a zone of cornea was constantly visible; marked oscillation of the eyeballs. These conditions continued throughout the next twenty-four hours; death occurring on Sabbath morning about six o'clock. There were no petechial spots on the body that I observed during the illness, but after death there was considerable discoloration of the cervical region and lower extremities. Opisthotonos was not well pronounced, but the tendency in that direction was somewhat notable. I regret that I could not get the thermometric indications for want of an accurate instrument, nor was an analysis of the urine made. No *post-mortem* examination was allowed. I could not make out any history of hereditary phthisis, but the scrofulous diathesis was sufficiently evident in the child. An unprofessional observer remarked that he thought him "consumptive." The child had been ill last year; with what *trouble* does not appear, the family having recently come to reside in this locality. The diagnosis made and concurred in by a medical gentleman who was called in consultation (but who thought the case at first rather obscure) was irritation of the meninges of the cervical portion of the spinal cord, and base of the brain either from tubercular deposit, or from the *materies morbi* which obtains in the disease known as cerebro-spinal meningitis. There has been no epidemic or other sporadic cases of cerebro-spinal meningitis in this vicinity. I may add that the treatment

consisted of sponging with tepid water, affusion of mustard water to the extremities, cold cloths and ice to the head and back of the neck, sinapisms and blisters to the throat and side of the neck, and internally, santonine and rhubarb, to ascertain if worms were present ; Bromide of Potassium, Tr. Belladonna, and Tr. of Gelsemium.

I submit the above in order to obtain the views of some of those who have had more experience in the diagnosis of cerebral diseases.

I am sorry that I cannot submit the more scientific data of pathological investigation, but I have endeavored to give the symptoms faithfully.

Yours very truly,

C. W. REILLY, M.D.

Paisley, Ontario.

BOOK NOTICES, &c-

Lectures on the Principles and Practice of Medicine, in two volumes, by Thomas Watson, Bart. M.D. Fifth edition revised and enlarged, edited by Henry Hartshorne, M.D. Philadelphia: H. C. Lea ; Toronto : Willing and Williamson.

We are glad to welcome the new edition of this favorite work on Medicine. When we consider the work involved in getting out so large a volume, we feel surprised that the author in his old age should have undertaken it. In looking carefully through the work we find new passages here and there, modifications of old opinions, and remodellings and amplifications, in all of which we recognize the master hand of the "McCauley" of Medicine. In the very first pages are evidences of the thorough revision the book has undergone. The first lecture contains much that is valuable to those commencing the study of Medicine. The lecture on Inflammation has not been materially changed, the author appearing to consider this subject as still *sub judice*. The lectures on Diseases of the Eye have been omitted. The lecture on Cholera has been largely rewritten and revised, and the author has adopted Dr. George Johnson's views regarding the nature and treatment of this disease. The lectures, which have been more fully reconstructed are those on dis-

eases of the nervous system, and these are fully up to the standard of modern research. In reference to the Pathology of Epilepsy he admits that anemia of the brain is the cause of the paroxysms, instead of the old theory of cerebral plethora. Aphasia, locomotor ataxia, embolism, &c., have also received attention. We have been much pleased and edified in reading the new edition of this valuable work, and we feel certain that it will be extensively and profitably read by a large majority of our subscribers.

A SYSTEM OF SURGERY, by Samuel D. Gross, M. D., L.L.D., D.C.L. (oxon) Prof. of Surgery, Jefferson Med. College, Philadelphia. Illustrated by upwards of 1,400 engravings. Fifth edition in two volumes. Philadelphia: H. C. Lea; Toronto: Copp, Clark & Co.

The first edition of this work appeared in 1859, and since then it has passed through five large editions. This of itself speaks better for the popularity of the work than any words we can offer. The present edition has been carefully revised and remodelled, and is fully abreast of the times, in all the modern improvements of surgical science. It is a first-class work on surgery, and no good surgeon can afford to be without it. It is impossible for us, with the limited space at our disposal, to do justice to the treatise before us. The work is eminently practical and exceedingly interesting, especially that part devoted to operative surgery. Part II, Vol. I. comprises special surgery or diseases of particular organs, textures and regions, embracing a wide range of subjects, the most interesting of which perhaps is disease and injuries of arteries, and aneurisms. The author has taken great pains with this part of the work, and has done it ample justice. Following diseases of the bones comes fractures and dislocations, and their appropriate treatment.

Vol. II. Treats of Diseases of the Head, Spine, Face, Eye, Ear, Nose, Airpassages, etc. Hernia is very fully entered upon, and also Vesical Diseases and Stricture. In short, there is nothing wanting to render it a faithful and complete guide in the treatment of all Surgical Diseases.

PHYSIOLOGY OF MAN—By Austin Flint, jr., M.D., Vol. iv. New York: D. Appleton & Co. Toronto: Willing & Williamson.

MANUAL OF QUALITATIVE ANALYSIS—By Robert Galloway, F.C.S. Philadelphia: H. C. Lea. Toronto: Copp, Clark & Co.

TEN LAWS OF HEALTH—By J. R. Black, M.D. Philadelphia: J. B. Lippincott & Co. Toronto: Willing & Williamson.

SUNSTROKE—By H. C. Wood, Jr., M.D. Philadelphia : J. B. Lippincott, & Co. Toronto : Willing & Williamson.

VACCINATION—By J. E. Coderre, Montreal.

AMNESIC AND ATAXIC APHASIA—By T. M. B. Gross, M.D., Louisville.

TRANSACTIONS OF THE MICHIGAN MEDICAL SOCIETY, for 1872. Lansing : W. S. George & Co.

MEDICO-LEGAL SCIENCE—By T. M. Stevens, M.D., Indianapolis.

ELECTRO-THERAPEUTICS—By A. D. Rockwell, M.D., Louisville.

OBITUARY.

It is our painful duty to announce the death of Dr. J. N. Agnew, of this city, which took place quite suddenly and unexpectedly, on the 15th ult., from cardiac syncope. Dr. Agnew has practised in this city for a number of years, and was favorably known as a careful and painstaking physician. He had not been in good health for some time past, but no one anticipated such a sudden change. He had been visiting his patients up to 4 p. m. on the day of his death, and on coming home complained of fatigue, and asked for a glass of iced milk. While this was being brought to him he expired. His death causes a vacancy in the representation of the territorial division of Midland and York, in the medical council of Ontario ; a position which he filled with considerable ability for the past three years.

Resolutions, expressive of his loss, and sympathy for his bereaved family, were passed at a special meeting of the medical section of the Canadian Institute, held on the 29th ult., of which he was an active member.

We have also to announce the death of Prof. Fraser, of McGill College, Montreal, which took place on the 24th of July. Dr. Fraser was very successful not only as a teacher of the Institutes of medicine, a position which he has held for the last 23 years, but also as a physician and surgeon. He was identified with every movement that had for its object the advancement of our noble calling. His death has left a blank which will not be easily filled up. As a lecturer he was clear, concise, and very comprehensive, and well liked by the students. His funeral was largely attended.

Dr. Blanchet, of Quebec, has also been called from his labors. His death took place on the 21st of July. At the second meeting of the Canadian Medical Association, which was held in Toronto, he was elected Hon. Secretary for Quebec. He was also re-elected in 1870 and 1871. He has been in ill-health for some time, although he continued at his post. He graduated at McGill University in 1863, and subsequently went to England. On his return he settled in Quebec, where he has practiced his profession with marked success, his amiable and gentlemanlike deportment gaining for him many warm friends who deeply regret his loss.

THE POWER OF COLD IN THE TREATMENT OF GONORRHOEA.—Dr. Gustave A. Shane, of Salem, Ohio, late of U. S. N. (*Med. and Surg. Reporter*), reports twenty-three cases of gonorrhœa which were quickly cured by the aid of cold—ice to the perinæum—and an alkali to secure its reaction upon the urine. Once he regarded, with others, gonorrhœa one of the most unsatisfactory and perplexing diseases to treat; but he now finds, if seen in the forming stages, no difficulty in subduing it in from four to ten days without any resulting gleet, chronic prostatitis, chronic irritability of the bladder, stricture, and such other sequences as followed the old copaiba and “*squirt-gun*” methods of treatment. When he treated this disease by the use of copaiba, cubebs, the terebinthines and caustic injections—in the same number of cases, the maximum duration of treatment was one hundred, the minimum nine days, the average twenty-six, with six cases of the above-mentioned sequences.

Law Respecting Periodicals, Newspapers, &c.

1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions.
2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up; and subscribers are held responsible for all numbers sent.
3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires.
4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

THE

CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. V.

OCTOBER, 1872.

No. 2.

Original Communications.

EXCISION OF NEARLY ONE HALF OF INFERIOR MAXILLA.

BY J. LIZARS LIZARS, L.R.C.S., & L.M., EDIN: M.R.C.S., ENG., &C.

The late Professor Goodsir having directed my attention in 1848 to a foot note in an edition of Knox's Anatomy in which the operation for the removal of the Superior Maxilla (shortly before proposed by my late uncle, John Lizars of Edinburgh,) is looked upon as quixotic, my attention was thus early and forcibly drawn to the surgery of the jaws. I have, therefore, in studying the operations on the lower jaw, been struck by the almost unanimous testimony of authors as to the "facial paralysis," and the frequency of annoying and often long-continued salivary fistula, to obviate which must necessarily be an object of anxiety to the surgeon, and of the utmost importance to the patient.

Finding that the ordinary, yet standard text books on surgery (Gross, Erichsen, Miller, Pirrie, Holmes, &c.) all advise an incision more or less semilunar, viz., from the zygoma downwards in front of the ear to the angle of the jaw, and thence forwards as far as may be requisite, whereby both the portia dura and parotid duct *must* be

divided, (although in the 5th edition, 1872, of Gross, vol. 2, page 488, it is stated that, "By making the perpendicular incision in front of the ear ($\frac{3}{4}$ inch) there will be little danger of wounding the temporal or external carotid artery, and the trunk of the portio dura." 11th, 12th and 13th line from bottom of page.) and paralysis of the muscles of expression and probably salivary fistula follow. I came to the conclusion that if the knife could be passed *below and nearly parallel* to the duct it would pass *between* the branches of the "pes anserinus," going to the upper and lower lips respectively, dividing merely the small anastomosing twigs, and at the same time by dividing the facial artery at a point where it would be reduced in size by the branches given off from it to the chin and lower lip, bleeding would necessarily be less formidable, and paralysis and salivary fistula completely prevented.

With this object in view, I applied to Professor Bethune, of Trinity College, who kindly furnished me with a cadaver on which to experiment, and having made one straight incision from the angle of the mouth towards the upper part of the lobe of the ear, as far as the posterior margin of the ascending ramus of the maxilla, I denuded the jaw of its periostium, the masseter and that part of the temporal muscle attached to the outer and lower part of the coronoid process—using the handle of the scalpel principally. Extracted the lateral incisor and divided the jaw with the bone pliers, (the subject being young) then seizing the jaw at its cut end drew it upwards and outwards, thus facilitating the removal of the mucous membrane and muscles from its inner surface, and the division of the inferior dental artery and nerve and internal lateral ligament with the knife, and by keeping close to the bone I avoided the internal maxillary artery. The coronoid process and neck of the jaw being now free were divided with the pliers, and nearly the half of the jaw easily removed.

Having thus demonstrated the feasibility of this method of operating, I decided to put it in practice on a patient then under my care, a narrative of whose case I subjoin.

J. Niven, æt. 37, a native of Glasgow, Scotland. Has sandy hair and whiskers, blue eyes, florid complexion, and is well nourished. Suffered in youth from strumous abscess of the glandulæ concatenatæ, the cicatrices been still visible. After this he enjoyed excellent health until recently. Never had syphilis, and never mercurialized so far as he knows, though from his breath and the state of his teeth

and gums I believe he has. He first consulted me last summer on account of an enlargement of the inferior maxilla. The tumor was smooth and even externally, and extended from about one inch below the zygoma to a line perpendicular from the angle of the mouth; was slightly nodulated along the lower margin of the horizontal ramus, also along its inner surface, where by its projection inwards it pushed the tongue slightly to the right side and thus interfered with speech. The skin over the parts supplied by the mental branch of the inferior dental nerve was devoid of sensation, and the tumor was painless even under free manipulation.

Unwilling to submit the patient to so severe an operation as excision without an attempt to reduce the tumor by medication, I resolved to try the effect of the iodides, bromides, and counter irritants, but the tumor continuing to increase, I was at length forced to operate; consequently, on the 19th of February, 1872, the patient being thoroughly anæsthetized, assisted by Professor Bethune and two other medical men, I operated in the manner above described, using the handle (bone) of the scalpel and my fingers as much as possible. The proximal end of the facial and inferior dental were the only arteries requiring ligature; a few smaller branches being arrested by torsion. The wound having been swabbed out with a solution of carbolic acid, and exposed to the air till oozing ceased, was accurately adjusted, and the edges kept in place by silver wire sutures, pad and bandage.

The patient having recovered from the effects of the chloroform got into bed without assistance, and at once asked for food with a pretty clear voice. *From this time to the present (September, '72) he has had full control of all the muscles supplied by the portia dura.* In three days he was out of bed. In ten days the wound was healed with the exception of a small opening at its posterior extremity, through which saliva dribbled away for a few days, but was easily arrested by the application of nitric acid, after which the small opening rapidly closed. The flow of saliva must have been due to the division of some of the racemes of the anterior margin of the gland, or to some abnormality of the "solia parotidis."

The only other annoyance I had to deal with was a slight attack of erythema of the left side of the neck, and the formation of a couple of small abscesses at the seat of the old cicatrices above mentioned. The Tr. ferri. mur. externally, poultices and the lancet,

with tonics and generous diet, soon rid me of these, and the patient returned to his office one month from the date of operation, and is now engaged as a commercial traveller.

In describing this operation I have adhered as strictly as possible to what was done. I may now add that in cases where the bone is too dense to be divided by pliers, the chain, Hey's or the metacarpal saw can be used to divide it in whole or in part. Should it be necessary to disarticulate the condyloid process, the firm grasp of the lower part of the bone will enable the surgeon to draw it freely outwards, and thus let the knife keep close to the inner surface of the bone, and so avoid the masseteric artery and nerve. Again, should the tumor prove too large to be removed by the single straight incision, the surgeon has the option of making fresh incisions from any point of the first, either upwards or downwards as the exigencies of the case may require. One from the angle of the mouth downwards would I believe be the best, as it would divide the smallest number of branches of the facial nerve.

When the patient is a man, I can see no objection to this mode of operating. (I have shown Mr. N's case to medical men and others without their being able to notice any deformity, so fully does the whisker cover the cut.) In the case of a woman some may urge that the old line of incision would be less apparent. In reply, let me ask which is preferable; a simple scar across the cheek and full power of all the muscles of expression, or a scar which must show more or less a staring eye, a mouth dragged to one side and devoid of play, with probably a constant dribbling of saliva from one corner of it? I most firmly believe that every woman of ordinary sense would prefer the former.

Since the operation, I have been able to consult Heath and Guerin, and find that Beaumont of Toronto, and Huguier of Paris(?) have both operated by a *curved* incision from the angle of the mouth towards the ear, the latter ending his incision at the mastoid process. The direction of the curve is not given in Huguier's case—in Beaumont's the concavity was upwards—neither is the amount of paralysis noted; and all that is claimed is, that the eye lids were unaffected.

Trusting that the above case may be sufficiently novel and interesting to merit a place in the "Canada Lancet," and that I may yet hear of equally satisfactory results from the employment of this my method of operating, I commend it to your consideration.

Toronto, 7th September, 1872.

REMOVAL OF A CONGENITAL ANEURISMAL TUMOR.

REPORTED BY J. S. SCOTT, M.D., MALLORYTOWN, ONT.

On the first of March last, Mr. H. B———, æt. 30, Canadian, unmarried, called for advice with regard to the removal of an aneurismal tumor from his nose. The tumor was exceedingly hideous in appearance, was situated on the end of the nose, of a deep purple color, an inch and a quarter in diameter, and three-fourths of an inch in thickness. It was congenital, being present in about a proportional size at birth. The contents were evidently arterial blood, and could be returned to the arteries by pressure upon the surface. On removing the pressure the tumor would resume its full size instantly. Was without pain. Had been ruptured once by the falling of a limb from a tree, which nearly cost the patient his life from hemorrhage. The bleeding was restrained with much difficulty until the tumor healed, when it resumed its former characteristics. The patient lived in constant dread of an accident by which he feared he might lose his life. He was advised to have the tumor removed and to place himself under the constant care of a surgeon until the wound could be closed, and the danger from bleeding overcome.

Dr. Giles, of Farmersville, having given similar advice, it was arranged that he and the writer should take charge of the case, and that the patient should remain in Mallorytown for after treatment; on the 7th of March the tumor was removed without the administration of any anæsthetic. Pressure was kept upon the arteries supplying the tumor until the wound was dressed. Torsion of the arteries with the pressure of adhesive straps restrained the hemorrhage. The nose was kept in shape by a covering of sheet lead of proper shape, lined with layers of linen saturated with carbolic acid one part to five of sweet oil.

March 9th.—The straps were removed, cold water twenty parts to carbolic acid one part being dropped continually upon the wound. The linen was trimmed to the size of the wound and re-saturated with carbolic acid one part to five of sweet oil. Cold water dressing was applied occasionally to keep down heat, until the 13th, when the dressings were all removed.

14th.—Hemorrhage set in freely, but was restrained by pressure; adhesive straps over layers of fine linen saturated with carbolic acid and oil were re-applied. The use of the sheet lead was discontinued after the first dressing.

March 17th.—Patient having exercised too freely, bleeding set in profusely, but was controlled as before stated. From this date the wound was re-dressed every day. No farther accident occurred. On the 20th of April the dressings were discontinued altogether.

The wound was painted with carbolic acid, full strength, at every dressing. Portions of the tumor were left which delayed the closing of the wound. Strong sulphuric acid made no impression upon them, but a few applications of nitric acid soon removed them, after which the wound closed rapidly, leaving a well formed nose.

A similar tumor, situated on the lower portion of the forehead has diminished somewhat since the operation. It will be removed by the knife early the coming autumn.

Selected Articles.

SIR WILLIAM FERGUSSON ON STONE.

Sir W. Fergusson exhibited at Birmingham his collection of calculi, and in his address he said respecting it:—

Throughout my professional life I preserved any stone or bit of stone that I could secure as a trophy of surgery, and now I have the honor of laying before the present meeting of this Association between 300 and 400 specimens of this disease which have been dealt with by my own hands. Every now and then patients or their friends have insisted on keeping what might be deemed as hereditary personal property, and occasionally specimens have fallen aside; but on the whole, I must admit, that my patients or their friends have humored my fancies and given me free possession of the results of my surgical prowess. I exhibit the produce of between 330 and 350 cases of stone, personally treated by myself—about 200 by lithotomy, the rest by lithotripsy. The aggregate of stones removed amounts to nearly 500 in number. There may be others of my own time who can speak of larger numbers; there may be those who can show larger numbers of actual proofs of what they have done in this field

of surgery, and I see with pleasure the valuable contributions made in this direction, especially by Messrs. Gutteridge, Pemberton, Baker, Pracey, Bartlett, Elkington, Freer, and Jackson, which add largely in my estimation to the value of your museum display.

Most of these specimens were exhibited years ago at the Royal College of Surgeons, London, when I lectured on the subjects of lithotomy and lithotritry, but the time for their display was so evanescent, that they attracted little attention, although at that date there was not a specimen of crushed stone by lithotritry in the Museum. A feeling seems to prevail that there is no interest in a stone broken into fragments by the lithotrite, but if it has been cut into two by a saw, after its removal from the bladder, the cut surface is eagerly looked at. No doubt the interest here has reference to the chemical composition of stone, and possibly the nucleus, although the section does not invariably make that clear. In my estimation, the fragments in lithotritry possess an interest equal, if not greater, in every respect to the cut or entire specimens. The chemical composition of a stone can be as readily made out from fragments as from sections; so also, as regards the nucleus; and, indeed, from these fragments we can often acquire a knowledge of a patient's constitution, as regards the tendency to the formation of stone, which we cannot in any other way. We can see how in some the fragments will lie in the bladder, without change of surface much longer than in others. In one case we can recognize for days, even weeks, the fragments of an uric acid stone with edges defined and surface the same as when first broken; in another, we perceive how readily and rapidly new stone deposit occurs—generally phosphatic. Then, too, we can speedily appreciate the danger of neglect or carelessness after lithotritry is once begun, for, in place of probably only one stone being present, there may, indeed there will, soon be many stones, for each fragment becomes a nucleus for fresh deposit, and this hastens on with greatly increased rapidity. Even the nucleus, always a centre of interest, may be as appreciable in the fragments from lithotritry as when displayed by the saw. It has happened to me in a case of crushing, in a female, to be struck with the appearance of redness in many of the fragments; and, on investigation of the mystery has been revealed on confession, that the patient had been in the habit of tickling herself with a stick of red sealing-wax, a portion of which

had broken off in the urethra and remained in the bladder. The fragments will be seen in the collection.

Again, I once was aware, in using a lithotrite in a male, that I had clutched something peculiar. On withdrawing the instrument, there was a black substance about an inch long between the blades. A surgeon present, who had been in charge of the case for years, immediately exclaimed, "Egad! this is the end of my gutta-percha catheter." A terrible revelation, for in the *interim* the patient had undergone prolonged treatment for chronic inflammation of the bladder, and had actually gone a voyage to Madeira in search of health.

I put as much faith as any man does in the chemical treatment, if I may so call it, of the diathesis of stone; but when once a stone has formed (and in most instances it is so without marked premonitory warning) the "fact" of stone is established, and there may be room for doubt whether chemical treatment does not then make matters worse; for, whatever the quality of urine, the chances are that a nucleus being present, deposition of stone will go on with increased rapidity, equivalent to the increase of size of the stone. That there may be exceptions to this rule, I admit; and there are two stones in my collection from one bladder, which are so smoothly polished by attrition that the formation of more stone had probably ceased for many months, if not years before they were removed.

I have referred, gentlemen, to the chemical treatment of stone in the bladder, chiefly for the purpose of ventilating a sort of heresy of my own—viz., that in our treatment of stone, and in our estimate of specimens of stone in our museum, the chemical composition has been improperly the feature most referred to as the one of the greatest importance. Stone in the bladder is essentially a surgical disease; it can be treated effectually only by the surgeon; and to him the size, or, I may call it, the circumference of the substance to be removed, possess the most engrossing interest, whether he looks to his own mechanical work or the safety of his patient; for I hold it as a maxim, particularly in lithotomy, that the bigger the passage required for egress, the more difficult and the more dangerous is the operation. The *accoucheur* considers the size of the head, but does not trouble about its chemical qualities or composition. So should the surgeon the stone, both in regard to lithotomy and lithotrixy.—
The Doctor.

THE FIRST EPIDEMIC OF CEREBRO-SPINAL FEVER IN MONTREAL.

BY R. P. HOWARD, M.D., L.R.C.S.E., &c. ;
Professor of theory and Practice of Medicine, McGill University.

(Read before the Medico-Chirurgical Society on 3d. August.)

GENTLEMEN :—Having recently seen a few cases of a disease which, so far as I can learn, has never previously been observed to have prevailed in this city, and the affection being one of a most grave nature, I have thought it might be interesting, as well as appropriate, to draw the attention of the Society to the subject.

On the 3d April last I was called to visit a boy aged nine years, residing in St. Maurice street, but attending the Christian Brother's School in McCord street. He had been in good health until the morning of the 2nd April, when, on waking, he began to vomit. The emesis continued "off and on" all day, and the bowels moved twice. He also complained of pain in his head and stomach, and was heavy and stupid all day. He had the small-pox six years ago.

3d April, 11 a.m.—Temperature, 99 4-5° F. ; Pulse, 100. Is very restless ; throws himself about, and would fall off the bed if not watched. Very stupid ; can be roused, but then mutters rather than speaks, and moans and screams as if hurt ; resembles an intoxicated person who has not quite become unconscious. While head and body are hot, feet are cool. Tongue dry and red at point ; thin white fur over centre. On neck, chest, and body generally are found purple petechial spots of various sizes and unaffected by pressure.

Diagnosis.—Acute Purpura, but whether antecedent to Cerebro-Spinal Fever or Variola cannot decide. A severe epidemic of the latter now prevails.

To be wrapped in a blanket wrung out of warm water for four hours ; then to be rubbed dry. Two teaspoonfuls of brandy and 1-36th grain strychnia hourly.

5 p.m.—Temperature, 102°. Much warmer ; less stupid ; did not like the warm bath, and after three hours it was removed. Continue treatment.

4th, 10:30 a.m.—Temperature, 99 4-5° ; Pulse, 75, small, soft, occasionally irregular ; less restless ; complains a good deal of pain in

head, particularly forehead ; still grinds his teeth ; although drowsy he is less stupid looking and more intelligent ; pupils active ; conjunctivæ not injected ; no extra heat of scalp ; tongue moist, tip red, centre yellow-white ; vomited once this a.m., a yellow fluid ; thirsty ; one alvine discharge this morning ; many petechiæ upon either upper lid ; a few upon the face ; many over rest of surface ; cheeks flushed ; a red circumscribed swelling of about the area of a crown piece upon the dorsum of the right hand ; another as large as a sixpence upon the right instep, (these resemble the wheals of urticaria, but are not itchy) ; both forearms partially flexed, and tendon of biceps rigid ; forcible extension painful ; right hamstrings in same condition ; left not ; no retraction of head noticed ; mouth and lips in motion as if eating.

R. Potass. Bromidi, 3 ij. ; Potass. Iod., dr. i ; Ergotæ Ext., Fl. dr. iv. ; Digitalis Tinct., dr. iv. ; Aquæ Ad., ℥ vi. A dessertspoonful every two hours. Omit strychnia. Beef-tea, cold milk and barley-water as food.

5th, 10:30 a.m.—Has passed a sleepless day and night ; slept only in snatches till 4 a.m., when he became quieter and began to sleep longer and better ; has complained all day of pain in head and limbs ; rigidity affects both arms and both legs ; abdomen retracted, and its walls rigidly contracted ; head somewhat retracted ; no tenderness of spinous processes ; brows knit ; grinding of teeth persists ; temperature, 101° ; pulse, 84, unequal and irregular ; R., 20, regular ; retches but does not vomit ; small, liquid, yellow stool today ; moderate thirst ; petechiæ turning a dirty yellow, and fading as ecchymoses do ; a measly mottling along the right forearm ; some fresh wheals, scarlet-coloured ; one at base of right great toe, another near outer malleolus, a third over right patella, (these are all very *tender* but *not itchy*) ; two defined pink patches, not raised, upon dorsum of left foot ; a similar long red patch along radial border left forearm and thumb ; one, slightly raised, the size of a sixpence, at base of right thumb.

Continue mixture ; bladder of ice to vertex ; another to nape of neck ; Unguentum Belladonnæ to be rubbed down the spine every three hours.

6 p.m.—Temperature, 100 4-5° ; Pulse, 108 ; R., 32 ; face more flushed ; purpuric spots fading rapidly ; intercostal muscles seat of tonic spasm.

To have a dose of chloral-hydrate if unable to sleep.

6th, 10:45 a.m.—Rested well all the evening and most of the night, and had but little delirium; much more collected and rational; is more conscious of his trifling ailments, and complains that his tongue is sore. This is due to a collection of aphthæ along the border of the tongue, which resembles a patch of herpes; petechiæ almost gone; wheals fading and reducing in circumference; those on left foot, which are the latest, are almost gone, and one has a yellow colour like a fading bruise-stain; temperature, $100\ 3\text{--}8^{\circ}$; pulse 120, small and firm; R., 28; tongue moist, borders red; yellow-white fur on centre; no emesis nor alvine discharge; urine high-coloured; deposited lithates; not tested for albumen.

Countenance open and less distressed looking; knitting of brows gone; less retraction of head; tonic spasm of other parts as before; about the flexure of the right elbow and anterior aspect of right forearm, are numerous red, congested patches, not unlike the exanthem of measles; the general appearance of the forearm reminds one of the "subcuticular rash" of typhus; puffy swelling of both elbow-joints, most marked over head of radius. Continue treatment.

7th, 9:30 a.m.—Cried so much last night from pain in the head that a dose of chloral was given, and in a few minutes he fell asleep and slept till 5 a.m.; is now perfectly sensible and somewhat cross; no trace of petechiæ; several of the red blotches still visible, but very pale; a new one not elevated upon face; slight effusion into left knee-joint, and considerable swelling of right foot, chiefly of dorsum.

In lifting him off the bed this morning his father found his body quite stiff; spasm of the flexors continues, and slight retraction of the head; bowels moved to-day; passed urine in the bed last night; temperature, $103\ 2\text{--}5^{\circ}$; pulse, 126. Continued treatment.

8th, 11 a.m.—Slept well till 3 a.m.; slight nocturnal delirium; perfectly rational now; pupils active and of medium size; no dislike to light; pain in neck, with retraction of head; spasm of flexors continued; red patches all gone, except one which appeared upon cheek yesterday; right knee and left hip painful; two formed stools; urine abundant; pulse, 118.

9th, 11:30 a.m.—Temperature, $102\ 4\text{--}5^{\circ}$; pulse, 120; slept well, without delirium; cervical pain and spasm, and pain in the

head continue; three herpetic vesicles upon ulnar border of left thumb; less swelling of joints; one alvine evacuation; don't like the ice application.

Continue mixture. Hydrag. C. Creta, gr. iij.; every four hours.

10th.—A good night; temperature, 102 1-5°; pulse, 120; less retraction of head, but spasm of flexors continues; swelling leaving the articulations; tongue cleaning rapidly; a liquid stool this a.m.; epistaxis in the night.

11th.—Another good night; perspired freely yesterday; temperature 101 3-5°; pulse, 116; no retraction of head; hamstrings and bicipital tendons somewhat tense; still some effusion into both elbows and left knee; clean moist tongue. Omit gray powders, of which he has taken nine. Continue mixture.

12th.—Slept well; temperature, 100 4-5°; pulse 118; tongue a little coated; very little tension of tendons; right elbow more swollen and painful; lays chiefly on right side. Continue mixture, which has been given very regularly during sleep.

14th.—Continued and rapid improvement since; appetite very good.

16th.—Found at the hall door in his night shirt. He had been brought down to the parlour, and hearing a noise at the door, tottered to it to see what was going on. His convalescence was complete and rapid.

This was the first case of so-called "Epidemic Cerebro-Spinal Meningitis" I had ever seen, and appeared to be an example of what had been called the "purpuric" variety, the "Malignant Purpuric Fever" of Stokes. Very soon after, on the 15th May, I had an opportunity of seeing, with Dr. Gardner, in the West end of St. Joseph street, a second case very like the one just related. The subject, a boy aged ten years; the seizure sudden, while in good health; the leading symptoms, early vomiting, pain in head without much heat of scalp, delirium, cerebral oppression, early appearance of petechiæ, then retraction of head, rigidity of posterior crural, abdominal and thoracic muscles, effusion into one ankle-joint, followed by comatose and typhoid symptoms, and death in the eighth week.*

On the 26th of the same month, in consultation with Dr. Fuller,

* This and a second case was admirably reported by Dr. Gardner at the same meeting at which this paper was read.

a third case of the disease came under observation; this time three miles beyond the city proper, and upon the Lower Lachine road. It resembled, in most of its features, the two cases already described. A healthy boy, between eight and ten years old suddenly seized with severe illness, early emesis, pain in the head without great heat of scalp, more or less stupor, then retraction of the head, and severe pains in different parts of the body, but neither cutaneous extravasations nor articular effusion. This case recovered.

Strange to say, on the same afternoon Dr. Bessey asked me to see, in Fortification Lane, near St. Peter street, a boy of about ten years of age, who had been quite well on the 24th May, and was suddenly seized, on the 25th, with signs of collapse, cold surface, sunken eyes, rapid small pulse, cyanotic aspect. These symptoms were followed by those of reaction, attended, however, with convulsions, delirium, restlessness and more or less stupor. He had been ill about twenty-four hours when I saw him with Dr. Bessey. He then exhibited all the symptoms of profound collapse, combined with incessant restlessness, jactitation, delirium, and more or less stupor. Death ensued the same evening. It appeared to me to be an example of the third variety of the disease described by Radcliffe, the "Fulminant" form. I don't remember whether any spots existed on the surface of this fourth case.

I have mentioned these cases seen with my colleagues only with the view of proving that the disease is truly the so called "epidemic cerebro-spinal meningitis," as they afford examples of two of its three recognized varieties. I hope they will themselves state to the Society the features of their respective cases.

All the subjects of the preceding cases, you will have noticed, were boys between eight and ten years of age, but on the 20th June I was requested to visit, in Ottawa street, a female child twenty months old, of whom the following history was elicited: In good health till 8th June, when it appeared less lively than usual; dull and drowsy on the 9th, but not feverish; soon vomiting set in with fever, and then general soreness of the surface, so that the child cried when moved; during the first week the child frequently put its right hand to its head. No eruption on the skin was noticed, and the mother attributed the symptoms to teething.

When seen by me on the 20th, the child was in the following

condition : Appears stupid and helpless ; unable to sit up ; pupils large and fixed ; sclerotic uninjected ; strabismus, with oscillation of eyeballs ; moderate retraction of head ; skin presents a peculiar, light scarlet blush, from capillary injection ; a scratch is soon followed by a line of deeper redness, as if the capillaries had become suddenly enlarged (" tache cerebrale ") ; no rigidity of extremities ; face pale ; features vacant.

The retraction of the head had been noticed first on the 16th. The emesis has not returned ; bowels move once or twice daily ; urine is passed in bed ; pulse small and feeble—120-130.

To have beef-tea, a teaspoonful of wine hourly, and the following mixture : R. Potass. Bromidi, dr. ss. ; Potass. Iodidi, dr. i. ; Digitalis Tinct., dr. i. ; Syrupi Aurantii, $\frac{3}{4}$ i. ; Aquæ ad., $\frac{3}{4}$ iv. A teaspoonful every three hours. An ointment of the Red Iodide of Mercury, with Extract of Belladonna, to be rubbed down the spine every four hours, and if scalp grows hot, ice to be applied.

21st.—Rigidity of legs set in yesterday afternoon and continues at intervals to-day ; left great toe is extremely extended at times ; no herpes nor articular swelling ; slept in snatches last night ; head not particularly warm ; pulse, 150—weak, small, and irregular. Continue treatment.

22nd.—General tetanic spasms seized arms and legs yesterday, and have recurred at intervals since. In these attacks, the back, arms and legs became rigidly extended ; the feet extended and adducted ; the left hand clenched and pronated ; pulse very small and frequent ; child cannot last long. Death ensued during the night.

There is some room for question as to the true nature of this case, but I have myself no doubt that it was not an example of that common affection Tubercular Meningitis. It may have been an instance of that comparatively rare disease of which I have seen a few cases, Sporadic Cerebro-Spinal Meningitis ; but, in view of the recent occurrence of several cases of " Epidemic Cerebro-Spinal Meningitis," it is not improbable that it was an example of the " Simple " form of the latter affection—that in which purpuric symptoms are wanting.

As to the *nature* of this so-called " Epidemic Cerebro-Spinal Meningitis," the opinion now generally held by pathologists, that it is a peculiar form of fever and not merely a local inflammation, is

probably correct. For, first, the circumstance that there are varieties in the disease, in one of which the constitutional symptoms are so intense that they may destroy life before the local lesion—the inflammation of the cerebro-spinal membranes—has been developed, places this febrile affection among those well-known Fevers, Typhus, Enteric Fever, Scarlatina, Variola, &c., in which, occasionally, the same malignancy is observed, and the vital powers are overwhelmed in a few hours, before time has elapsed for the evolution of the disease. Secondly, the suddenness and violence of the invasion; the profound prostration of the nervous system at the outset, in severe cases, as shown in the pale cold surface, the feeble pulse and heart's action, the intense restlessness, peculiar stupor and the delirium; and the daily occurrence of purpuric symptoms, in some cases, render it highly probable that some morbid agent, some specific fever poison has entered the system.

Such is the case in malignant small-pox, for example, in which, together with similar prostration of the nervous system, there is a marked tendency to the occurrence of purpuric symptoms at the invasion of the disease and before the appearance of the characteristic eruption.

Previous to the appearing of this cerebro-spinal fever amongst us, the manifestation of purpuric symptoms at the *outset* of a febrile disease has, in my own experience, nearly always indicated the existence of variola, and I do not know any mere inflammatory disease in which purpuric symptoms occur *early*. That cerebro-spinal fever resembles, in these respects, small-pox, is a strong argument that it is also a zymotic disease, caused by a specific poison.

Thirdly, The same view is supported by the circumstance that in some cases of the disease no lesion of the nerve centres or their coverings is found after death; which seems to prove that the local affection is not essential, although it is usually present.

Fourthly, Its epidemic character supports the same view, for most, if not all, epidemic diseases are now held to originate in a specific febrile poison.

Fifthly, There are facts, not, perhaps, of an absolutely conclusive nature, tending to show that cerebro-spinal fever is occasionally communicable from the sick to well person, just as cholera is; and these facts, as far as they are reliable, favour the idea that the disease has its own specific poison, like all other specific fevers.

Sixthly, The existence of well marked signs of inflammation of the meninges of the brain and cord, and of those centres themselves, is not opposed to this view ; for it is quite in harmony with what is known of other fever-making poisons to suppose that in this affection the poison has a special action upon the nerve centres and their coverings, just as the poison of whooping cough upon the pneumogastric nerve or its centre. Indeed, it is only upon the supposition that some specific poison has produced a specific form of disease that one can explain the epidemic prevalence of inflammation of the cerebro-spinal centres ; primary or idiopathic cerebro-spinal meningitis, in healthy persons, being of so rare occurrence, if it occur at all, that the pathological doctrines of the day deny its existence. Sporadic inflammation of the membranes of the brain and cord is a rare affection, and originates either as a manifestation of some fever, such as typhus, or variola, or pyæmia, or of some constitutional disease, as syphilis, gout, rheumatism or tuberculosis ; or is secondary to some local lesion, such as injury or disease of the bones, effused blood, tubercle, and morbid growths, &c.

I have nothing to say from personal experience respecting the best method of *treating* the disease. From the varying but always high mortality of the several epidemics recently witnessed in the United States and in Continental Europe it may, I fear, be inferred that we possess little power over the course of the disease.

Recognizing the disease as a FEVER, modern experience suggests, if I am not mistaken, that the province of the physician *quo-ad* its treatment is to *guide*, not to drive it to a favorable termination. Before the audience it is unnecessary to discuss the general principles upon which this, in common with all fevers, is to be treated ; but as in typhoid fever or scarlatina, for example, there are certain special indications to be fulfilled ; so there are in cerebro-spinal fever, and upon these I will offer a few observations.

The main, special indication appears to be, to lessen the severity and prevent the extension of the inflammatory process, engaging the cerebro-spinal membranes and, more or less, the centres they enclose.

The testimony in favour of the local application, at the outset, of ice to the head and spine, short of producing over-depression, is stronger than of any other remedy. If there exist much prostration, external heat is to be applied by bottles of hot water, bags of hot

salt or oats, warm flannel bandages, &c., during the employment of the ice and subsequently.

A difference of opinion obtains as to the value of the local abstraction of blood by leeches and cups applied behind the ears and to the nucha.

During the epidemic observed in 1865 by Dr. Burdon Sanderson, upon the Lower Vistula, "free local bleeding during the first few hours, while the patient was still vomiting, occasionally produced the most striking results." And in the Philadelphia epidemic of 1866 Dr. Stillé states that cupping the nape of the neck, in the more sthenic cases, was of "essential service in mitigating, and generally, indeed, in wholly removing the neuralgic pains" of the disease.

The Germans, of whom the late Niemeyer may be taken as a fair representative, employ calomel in frequent doses, much in the same way as it has usually been employed in sporadic meningitis; and, however unfashionable it may be, I own to the view that it is likely to be useful, if not in limiting the quantity of the inflammatory products, in promoting their more speedy removal.

While giving the calomel the other remedies should be faithfully employed. It is right to add that English and American physicians, as a rule, do not advocate mercury in the disease.

Antipyretic doses of quinine, at the very beginning of the disease, have been faithfully reported upon by a Committee of the American Medical Association. As, however, the testimony respecting this means is quite conflicting, it may be that when the disease obtains in malarious districts quinine may really prove useful. And I may mention in this place the interesting circumstance that, in Mr. Burdon Sanderson's opinion, malaria was one of the only two local conditions (the other was a cold climate) which appeared, probably, to have had some share in determining the preference of epidemic meningitis for the two localities in which it manifested itself most severely about the lower Vistula.

Of course, large doses of quinine may be occasionally useful when the pyrexia is very high, but then it is used, as in other fevers with hyperpyrexia.

Stillé and other American physicians, and some Germans, notably Ziemssen, think highly of opium in the early stages, given in moderate doses (1 gr.) every hour or two, according to the severity

of the case ; and Burdon Sanderson testifies to its value "after the initial symptoms had subsided." The indications for it are : restlessness, sleeplessness, maniacal delirium, pain and spasm. I cannot help thinking that chloral hydrate and bromide of potassium will be found equally useful and quite as safe for the same indication.

Not the least important point of the management of the disease, in my opinion, consists in the maintenance of the vital power by judicious feeding and, when the symptoms require them, by the administration of stimulants.

Further experience is needed as to the value of a combination of the iodide and bromide of potassium with ergot, as well as of Calabar bean, which is the latest remedy that I have heard of. The last named agent, owing to its power of diminishing the reflex power of the nerve centres and, perhaps, suspending the conductivity of the motor nerves, may be expected to prove useful in allaying the painful spasm of the muscles.

It is a matter of much interest to myself why a disease which appears to have been observed, but not separated from other fevers, in Europe, either in particular countries or widely diffused ever since the fourteenth century ; which was first recognized in the United States and some parts of Canada in the beginning of this century ; and which has continued to recur from time to time in various localities, and frequently over very large areas in the neighbouring Republic ; which of late years has been seen in the Eastern Townships and at Ottawa, and which during the past winter has been prevailing in the City and State of New York, in Chicago and Detroit, Indianapolis, and in some parts of western Canada, should have visited our city now for the first time, or should be now recognized by us for the first time. In our present ignorance of the etiology of the disease I can offer no sufficient explanation of its manifestation amongst us this Spring. Let it be noted, however, that there has been an unwonted prevalence of zymotic diseases in epidemic form during the past winter. I need not mention the wide diffusion of small-pox and the unusual prevalence of erysipelas and puerperal fever, and the extensive epidemic of measles.

It is a pleasant reflection, however, that this fatal disease, "cerebro-spinal fever," as a rule, is limited in its outbreaks to a small section of a population, and, unlike cholera, has not a marked tendency to be diffused far and wide along the great lines of communication in a country.—*Medical and Surg. Journal, Montreal.*

BRITISH MEDICAL ASSOCIATION.

The 40th annual meeting was held at Birmingham last month. President, Mr. Alfred Baker, Senior Surgeon to the Birmingham General Hospital.

PRESIDENT'S ADDRESS.

Mr. Baker, after welcoming the visitors to Birmingham, said : " Situated at the north-western extremity of the county of Warwick, forming most probably a part of the old forest of Arden, Birmingham is built on the eastern slope of three undulating hills, on the banks of two streams, the Rea and the Tame. and is one of the highest towns in the kingdom. All the approaches are by ascent excepting that from the west, where the highest point of the borough is reached. This spot, at the top of the Hagley road, is 617 feet above the sea-level, whilst the lowest point, at Saltley, on the east, is 288 feet. Between these extreme points, the ground-level of St. Philip's Church, in the centre of the town, is 462 feet, and that of King Edward's School, in which we are assembled, is only thirty feet lower. The absence of any dominant hill surmounted by a lofty public building prevents these elevations from being realized at a glance, but the height and the undulations in surface may be inferred from the fact that most of the streets pursue a diagonal course, so as to lessen the declivities. The ground is naturally poor, in an agricultural sense, and consists of sand, gravel, and clay. The substratum is of new red sandstone, which passes from the river Tees southward to Birmingham, and thence northward to the Mersey. The southerly and oldest part of the town, running from High street to Deritend by a deep descent, is the lowest and dampest portion. It is here crossed by the river Rea, and has much clay in the subsoil ; this clay extends up the valley of the stream to Sparkbrook, and ceases only at Moseley, which has a higher level and a sandy subsoil. From the conformation of surface and the character of the ground, it is clear that Nature has supplied every requisite for surface drainage into the streams, and for the rapid percolation of storm-water through the porous subsoil ; hence floods are rare. In former times, as the late Dr. Darwell told us in the *Medical and Surgical Reporter* of 1828, after heavy storms or unusually wet

seasons, Deritend, in the neighborhood of the Rea, was liable to inundations ; but this evil is now rectified by the strengthening of the banks of the stream, by the interception of the current for manufacturing purposes, and by the erection of bridges. In order to render the drainage of the town more perfect, a system of deep artificial sewers has been designed and nearly completed."

Mr. Baker then described the drainage and water supply of the town, alluded to some of its chief manufactures, its objects of interest, and its history, coming finally to its long array of names eminent in all departments of knowledge from the time of Boulton the engineer, which was, he said, "the Augustan era of Birmingham. Taking only the eminent men who constituted the Lunar Society (so called from their meeting when the moon was at its full and would facilitate their travels), it may be said that few towns could boast such an array of remarkable talent and capacity. The names of Boulton, Watt, Withering, Priestley, Galton, Keir, and Berrington are sufficient to prove the assertion ; and Mrs. Schimmelpenninck describes each member as being 'the centre of intellectual friends' who frequented the meetings, and added to the depth and brilliancy of their discussions. The mention of Sir W. Herschel, Sir Joseph Banks, Dr. Solander, and Dr. Afzelius, as frequent visitors, is a sufficient stamp of their intellectual calibre. In this town also Dr. Roebuck introduced the use of the lead chamber in the production of sulphuric acid as a substitute for the two old methods of burning sulphur under bell-glasses, or distilling sulphate of iron at red-heat. By this improvement he rendered the process continuous, increased the power of production, and reduced the cost. The value of his discovery may be estimated when it is remembered that sulphuric acid is essential to all the metal trades, and that without it the present gigantic works for the production of alkali and artificial manure could not exist. Whilst ready to welcome and adopt strangers, Birmingham has not always appreciated the genius of her children, but has presented herself at times as a stern step-mother. The populace, whilst thoroughly loyal, orderly, and law-abiding, and usually tolerant in spirit, has been betrayed at times by misconception and misguidance, into transitory tumult and violence. The two subjects—Politics and Theology—inseparable in this country—have rarely borne a free discussion without leading to more human passion and unrighteousness than all other sources of difference to which we are ex-

posed. Against this we appear to have no protection. The *odium theologicum*, once fulminated, recognises no genius opposed to its own narrow doctrines, and is antagonistic to that spirit of inquiry by which human progress has been promoted and a higher stand-point reached. To this may be ascribed the terrorism which prevailed in 1791, when Priestley, the philosopher, chemist, and scientific inquirer—when Baskerville, the greatest printer that England has produced, the founder of the most perfect type known, whose edition of the Bible is sighed after by bibliographers, whose exquisite productions of the ancient and modern classics, and of William Hunter's work on the Uterus, are considered to be treasures of the typographic art—were, with other citizens who did not conform to the views of the mass, persecuted relentlessly by the destruction of their house and property, and they themselves narrowly escaped the *auto-da-fe* of a popular, though unreasoning Inquisition. It is lamentable to think that a reflective and accomplished inquirer, whether right or wrong, was driven by a bigotry and intolerance to seek a home for his later years of life beyond the far Atlantic, and that a type so fine as that of Baskerville, employed by him in the diffusion of the highest knowledge—the divinest revelation vouchsafed to man—should have found its last resting-place in a faubourg of Paris, its first duties in spreading the sophistries of Voltaire. The Medical annals of this town furnish a full list of distinguished men. The philanthropic Dr. Ash, who founded the General Hospital earned the highest local fame. Failing health caused his removal to London, where he was made a Fellow and Censor of the Royal College of Physicians. Dr. Witherington, his immediate successor, was widely known by his botanical publications. He lies in the parish churchyard of Edgbaston, close to the hall in which he passed many years of his life. Dr. Male, highly esteemed as a sound physician and most honorable man, rested his literary fame upon his "Juridical Medicine." To say that Dr. Edward Johnstone was a highly-cultivated physician; that his brother John—your president in 1834—was an accomplished scholar, an intimate friend of Dr. Parr, with whom he sympathised in classical lore; and that Dr. James—the president of your last meeting here—won esteem by his acquirements, his courtesy, and his kindness, would be a work of supererogation to the older members of this society. Whilst paying merited honor to our physicians, it is due to the surgeons of the

town to state that the literature and practice of our art have been ably represented by those who have preceded us. George Freer, a surgeon to the General Hospital, was the first who successfully applied a ligature to the external iliac artery for the cure of femoral aneurism, as suggested by Abernethy. From the study of this and other cognate cases, his pupil, the late Mr. Joseph Hodgson, probably derived the bias that led to that admirable memoir, 'On the Diseases of Arteries and Veins,' which secured the Jacksonian prize of the Royal College of Surgeons, became a surgical authority, and secured for him that character for sagacity and judgment that he subsequently enjoyed. More recent Jacksonian prize-men may be named. My colleague, Mr. Crompton, earned this distinction by an Essay on Diseases of the Tongue; the late Frederick Ryland by a valuable Monograph on the Throat and Larynx; and Mr. John Clay by a Treatise on Ovarian Disease. It is to be regretted that the essays of Mr. Crompton and Mr. Clay have remained unpublished. To extend the list would—if I have not already earned the rebuke—be tedious. I will content myself, therefore, with saying that our profession yet numbers members who will not suffer the reputation of Birmingham surgeons to decline from its achieved position. Having referred thus briefly to the older officers, who were necessarily connected with the General Hospital as the only large Medical charity in existence, I must now be permitted to say that examples nobly set have been zealously followed, and that a variety of institutions, secondary perhaps in scope, but paramount in popular interest and sympathy, have been established amongst us. The Queen's Hospital, founded by William Sands Cox, in connection with the Queen's College (which it was his dearest object to convert into a great Midland University), graced by the favor of Royalty, and approaching in magnitude to its elder sister, competes with it for support. The General Dispensary: the Midland Eye Hospital, founded by Dr. De Lys and Mr. Hodgson; the Hospital for Sick Children, so eloquently advocated by Dr. Heslop; and a Special Hospital (recently established) for Women—appeal, and not in vain, to the sympathy of contributors. A Sanatorium is in course of erection, designed to furnish ample space, the most perfect hygienic arrangements, and life-giving air from the breezes that play over the hills of Blooms Grove Lickey. This will form an adjunct to all the Medical charities, and will be suited to invigorate frames that have

been exhausted by disease, and are unfitted to encounter the evil influences of a close residence in a polluted atmosphere. Under the auspices of my friends, Dr. Fletcher and Mr. Kimbell, an institution has been founded at Knowle for the treatment of imbecile children upon the principal of the Earlswood Asylum. From the adaptation of a cottage to the wants of a few inmates, they have so completely established the benefits that may be conferred upon these piteous claimants for human care and benevolence, that the sympathy and co-operation of the wealthy have been secured, and a noble building has been commenced, which promises to administer adequately to our local necessities. With regard to the establishment in which we are assembled, it is, architecturally and educationally, one of the brightest ornaments of the town. Originating in the wise consent of a youthful king to a petition from the inhabitants of Birmingham, a small annual grant, devoted by pious men to the Convent of the Holy Cross, after the dissolution of these monastic institutions by Henry the Eighth, was granted for educational purposes, and formed an endowment for this school.

The value of the lands thus bestowed has increased a thousand-fold, and the income has in course of time become regal. Regarded as a school for imparting a classical and general knowledge, it has amply fulfilled the intentions of the founder by securing to the young a liberal, scholarly, and often an university education. Its past history is full of bright associations ; and whatever modifications in its course of instruction may be needed to meet the wants of the present age, it has deserved well of the past generations. You will share with me in an expression of deep regret that personal illness has prevented our associate, Dr. Fleming, from delivering the address in medicine, and from taking that prominent part in this meeting which he was invited to assume by your Council, and for which his literary and practical requirements and his known accuracy so peculiarly fitted him. We must all lament that the voice which advocated this town as your place of annual meeting will be heard no more. The energy and fervour of Mr. Clayton's manner, his singular conversance with the affairs of the Association, and his judicious advice in its management, will be missed by the active members ; whilst we, his intimate fellow-workers, regret the loss of one possessed of great perceptive and executive ability, and endeared to us by many estimable personal characteristics. Other hands, how-

ever, will be extended in friendship and brotherhood; other voices will proclaim our hearty appreciation of your visit. As the representative of the Birmingham and Midland Counties Branch of the Association, and in the name of the whole Profession of the district, I say to all our visitors, Welcome! welcome! thrice welcome!" —(*The Doctor.*)

ADDRESS IN MEDICINE

BY SAMUEL WILKS, M.D., F.R.C.P., F.R.S.,

(*British Medical Association.*)

With regard to our general notions of disease, I consider that during the last few years, our opinions have made a rapid advance. I naturally take the period during which I have been in the Profession, and reflect upon what was implanted in my own mind by lectures and by books twenty-five years ago. Of course it is necessary to remember that, as our ideas are matured, there is a great liability to transfer one's own earlier and cruder notions to the teachers whom we misunderstood; but, allowing largely for this explanation, I cannot but think that the last twenty or thirty years of pathological progress must have made material alteration in our general opinions regarding disease. For example; a common method of teaching was by the description of acute inflammation occurring in healthy subjects; but the disappointment I felt in common with other students, in not seeing these cases in the wards of the hospital, soon convinced me that something was wrong. We saw abundance of chronic disease, occasionally an acute affection; but this was generally patched on to some other chronic disorder; so it soon became evident that, with the exception of acute affections of the chest due to the vicissitudes of weather, an acute inflammation occurring in a healthy person was the rarest possible occurrence. Morbid anatomy has been mainly instrumental in making the discovery; and, in fact, this could not have been reached without its aid, since apparently sudden and fatal illnesses were constantly occurring in persons of previously good health. It is true, for example, that persons died of acute peritonitis, and, without *post-mortem* examination, the cause was attributed to that universal evil, cold; but

inspections have now invariably disclosed some old and long latent mischief in an organ which lighted up the fatal attack. To suppose that a healthy person can suddenly have an acute arachnitis or acute peritonitis, may, perhaps, involve an actual pathological absurdity. Even the acute inflammation of the chest occurring in healthy persons under the aggravated causes of wet and cold, is far less common than is generally supposed. When, many years ago, a paper was read at a medical society advocating the early treatment of acute disease lest it should become chronic, I took the opportunity of remarking that an opposite suggestion might have been with more propriety advanced—viz, the advantage of arresting chronic processes lest they should become acute. There are far more acute diseases carrying off chronically diseased people, than there are chronic diseases which have had their origin in acute affections. What we might more advantageously direct our minds to, are the insidious and slow-working changes in the organs and tissues, to see if we can grasp these in their beginnings and check them at their source ; what we are too often asked to do, however, is to arrest an acute inflammation, which is an evidence only of the beginning of the end. But this is what we see through all Nature. If events appear sudden, they are but the exponents of some long anterior hidden causes. The fires of Vesuvius have long been smouldering below before they issue from the summit ; and the earthquake is only the result of the pent-up gases arising from chemical changes which have been slowly going on in the bowels of the earth. In society, an honest person cannot possibly become on a sudden a thief, nor a contented people suddenly break out in rebellion. A sane man cannot in an instant become mad ; and, as was observed in a late celebrated case, the event which brings the person to justice is but the sudden explosion of distorted feelings long dormant in the brain, but immediately excited by some trivial event. Although I say these are views which have been greatly promoted by the advance in pathology, yet the more profound observers had a glimpse of their truth, as had the father of medicine himself ; for Hippocrates says, " Diseases do not fall upon men instantaneously, but, being collected by slow degrees, they explode with accumulated force." I believe, in teaching, there is no more important fact to impress upon the minds of students than that diseases come insidiously and slowly ; and the circumstances which induce them are those most worthy of atten-

tion. When the older text-books spoke of attacking acute diseases in a healthy subject, it appears to us almost as Quixotic as making a thief suddenly honest, or making the French a tranquil people by a new form of government. * * *

I have already said that the body has hereditary tendencies to morbid changes of special kinds, rather than to mere accidental diseases, and, therefore, that the various tissues are liable to their own peculiar degenerations. When we speak, for example, of a gouty man, we imply much more than his liability to an attack of arthritic trouble; he may have, or not, a *materies morbi* in his blood, but he is liable to temporary and organic derangements of a given kind—such as granular kidney, diseased heart and blood-vessels, articular inflammation, and gravel. In tuberculosis, in like manner, there is a tendency to changes in the epithelium of the cutaneous or mucous surfaces, whether bronchial or intestinal. In the nervous temperament, the nervous system is liable to be thrown into unstable equilibrium. But not only in hereditary, but in acquired diseases, we find that the morbid changes are of a particular kind, and that special organs and tissues are also affected. Thus in chronic alcoholism, we find a tendency to fibrous thickening of the tissues, whether these be in brain, liver, or kidney. We find, again, degenerations of a particular kind in syphilis, and in lardaceous disease, which is sometimes its sequel. From other causes, we may find the whole of the bony skeleton diseased, or the lymphatic glands, or the skin. Thus, as before said, it is but a shortsighted view to see special organs only affected by disease, rather than a general morbid condition affecting particular tissues, and occurring under given determinate circumstances. Such views as these have arisen, I believe, from a closer study of the dead; and this has been so little perceived by some, that I have often had to vindicate this department of science to those who have seen no more in it than a curious prying into the body, in order to discover the destruction of some great organ or satisfy a curious diagnosis. At one time, it is true, a diseased organ was simply cut to pieces, and the rest of the body not examined; but now-a-days, when the process is more searching, I maintain that a much larger view of pathological processes is obtained by a dissection of the dead, than could be arrived at by mere observation at the bedside. The narrower views of the ward are expanded in the dead-house. Much larger conceptions are gained,

both as to the nature of the disease and its diagnosis. A simple name for a diseased organ is sufficient for the ward ; but the name for a distinct pathological process is required for the dead-house. In a paper published some years ago, in order to vindicate this view, I took several examples in illustration ; and I said, if a person acquainted with healthy anatomy were placed in a room to dissect the dead taken from a hospital, he would very soon be able to arrange the cases in classes ; he would soon place together, for example, those who had chronic disease of the lungs, those who had died of typhoid fever, and amongst others, those who had that series of changes recognisable under the name of morbus Brightii, even though there might be some slight accidental difference in all of them. There might be, in a series of beds in a ward, one patient dying of pneumonia, another of laryngitis, another of peritonitis, and a fourth of apoplexy ; and it is possible under these names the cases might be found in the list of the Registrar-General ; but should they come into the hands of the necroscopist, as an unbiassed dissector he might find a recent inflammation of the lungs in one, or a clot in the brain of another ; but since in all he would discover like chronic changes in the kidneys, heart, arteries, and other organs, he would rightly place them together ; he would see that they all had the same pathology. This is sufficient to show how all but valueless are the Registrar-General's returns for pathological purposes ; for example, if effusion of blood in the brain is to be classed amongst nervous diseases, nothing but error can result in drawing any conclusion of a scientific character from such reports. What I at that time said should be the aim of the pathologist, I repeat now ; we should attempt to do for morbid anatomy what Bichat long ago performed for healthy anatomy.

Whilst I am on this subject, I must say a word in reference to another piece of pathology, on which a dissection of the dead can alone throw a light ; and one which ere this (I own a personal shame) ought to have been perfected ; it is akin to the matter of which we have been just now speaking. If it be true that the morbid changes are found progressing through tissues rather than affecting particular organs, as it were by accident, it follows that these different tissues have their own special morbid changes and none others. What we ask ourselves therefore is this question—what are the morbid changes to which each tissue is liable ? Now, it is constantly as-

sumed that degeneration may occur, and new growths of all kinds spring up, spontaneously in every part of the body, but this is certainly not the fact. If we take, for example, the list of diseases framed by the College of Physicians, which is in all your hands, it would seem as if there were certain morbid states, such as inflammation and its consequences, as well as various morbid growths, which may attack in turn every part and tissue of the body. But is this really so? The morbid anatomist ought long ago to have answered the question; and I believe, had my own attention been directed to this subject earlier, the amount of material passing under my hand would have been amply sufficient to have afforded a satisfactory solution to it. I will explain my meaning: suppuration of the lung is rightly not regarded as a stage of idiopathic pneumonia; consequently, if an abscess be found in the lung, we know that the seeds of it are brought thither from a distance, and we find the source of the pyæmia in some other part. Cancer, again, when found in the lung, has, in my experience, been secondary to cancer elsewhere, and thus we suppose the seeds of it have been thereto carried; (intro-thoracic cancer may be primary, but generally commences in other tissues than those of the lung); then again, as regards other classes of tumours, as fibroid, myeloid, osteoid, etc., they are invariably found existing there as secondary deposits. Now, if what I say be true, the primary morbid changes in the lungs are strictly limited; the epithelium may produce well-formed cells, as found in pneumonia, and ill-formed ones, as met with in the chronic degenerations, but beyond this the lung may be incapable of alteration. The same with other organs; the kidney undergoes certain limited changes, as seen in nephritis, but these do not terminate in suppuration, suppurative inflammation being always secondary; the liver also has certain definite changes, beginning either in the cells or the areolar tissue. The stomach has its own special changes, and is incapable of producing any new formations; as, for example, tubercle. It is thus probably very far from being true that abscess, tubercle, cancer, and other growths occur in all parts and tissues of the body; but, on the other hand, that all these have their favourite or perhaps special seats, and when met with elsewhere must be regarded as secondary formations. It is remarkable how surgeons have always tacitly acknowledged this fact; for, when meeting with a malignant tumour on the surface of the body, they

have seldom hesitated to operate from the fear of any internal complication, since their experience has taught them that the growth on the surface has been primary. On the other hand, the teaching of the surgeon with regard to inflammation and its consequences, as occurring on the skin, having been made applicable to the internal organs, has been the cause of a long series of pathological errors. A knowledge, therefore, of the special changes to which each tissue is liable is vastly important; the materials for furnishing us with the knowledge are always at hand, and the possession of it must be near.—*British Med. Journal.*

A NEW METHOD OF NOURISHING PATIENTS PER ANUM.—Dr. W. O. Leube, of Erlangen (*Deutsches Archiv für klin. Med.*) has made recent investigations on the nourishment of patients *per anum* with an injection-mass prepared in the following manner: With the object of introducing into the large intestine nutritive material resembling its ordinary contents, and of establishing, as far as possible, natural conditions in this part of the alimentary canal by artificially produced digestion, he has endeavoured to transfer to the large intestine a part of the digestive processes which normally take place in the small intestine.

From 90 to 100 grammes of the pancreas of the pig or ox are carefully deprived of fat, and finely minced. Then from 150 to 300 grammes of beef are minced and grated. Both substances are then rubbed down in a mortar with some warm water, in order to form a thick soup, which is taken up into a clyster syringe, furnished with a wide opening. If it is wished to submit, at the same time, fat to digestion, from 25 to 50 grammes of this substance may be added. Starch likewise may be added. A purgative enema is to be administered one hour previous to this nutritive clyster.

His experience clinically in the use of this mode of feeding is as follows:

1. The injected mass, when it consists of nothing more than meat and pancreatic substance, never causes any diarrhœa, but, on the other hand, generally remains in the large intestine from twelve to thirty-six hours without giving rise to a stool.

2. The patient experiences no disagreeable sensations after the

injection, but after a feeling of ease in the abdomen. In every case, he says he made out that the pulse became fuller, that there was an improvement in the general condition and spirits of the patient.

3. The clysters are not well borne at first ; the least digested portion of the injected mass being returned.

4. The above-described injection-mass is superior to other substances recommended for rectal injections, through its efficiency, and the readiness with which it can be made.

Since the publication of the above paper by Dr. Lube the *Centralblatt für Med. Wissen'sft* of July 20th contains another article from him on the same subject, in which he says, that in the warmth of summer the pancreas begins very soon to undergo decomposition, and in consequence loses its digestive power and becomes irritating to the intestine, producing rapid expulsion of the material injected. These mishaps may easily be avoided by making a glycerine extract of the pancreas. This extract is quite equal in digestive power to the fresh pancreas, and will remain good for several weeks. The following is the manner of preparing this extract in glycerine. The pancreas of a bullock (which is sufficient for three enemata) is finely chopped and rubbed with 250 grammes of glycerine ; and to each third of this, when about to be used, are added from 120 to 150 grammes of finely divided meat. It is important that this mass should be injected into the intestine as soon as it is made ; for if it is allowed to stand, the meat swells and the operation is thereby rendered difficult.—(*Medical Record, New York.*)

ECLECTICS IN ONTARIO.

Dr. Morrison, Eclectic member of the Medical Council of Ontario, writes as follows to the *American Eclectic Review* :

“ Under the working of the present Ontario Act, it is not to be expected that any students will hereafter take the eclectic or homœopathic licence, since the allopathic licence will give them, in this province at least, a better position in a professional as well as a financial point of view. The result will be, that in fifteen or twenty years there will not be an eclectic or a homœopathic representative in the council, as by that time nearly all the licentiates of these schools now practicing in Ontario, will have died, removed from the country, or retired from practice. This will be the inevitable fate of

eclectics and homœopaths in this province. A repeal of the present medical act, and the re-establishment of the old eclectic and homœopathic medical boards would not be advisable for many reasons which I cannot now stay to detail.

A large number of the eclectics are advocating a union with the allopaths, on condition that they grant us some privileges which I am not at liberty to name now. This reaction in favor of allopathy is to be attributed to the fact, that many of our eclectic licentiates are graduates of allopathic colleges in Canada and the United States. Thus of the one hundred and five registered eclectics now practicing in Ontario, more than one-third are graduates of allopathic institutions. Three of the present eclectic representatives in the council, viz., Dr. Carson, of Victoria College, Ont. : Drs. Cornell and Muir, of the Electric Medical College of Pennsylvania, are in favor of the union, while Dr. Bogart, of the Eclectic College of New York, and myself are opposed to it at present. The matter will no doubt be decided by a vote of the eclectics before the next session of the council."

"The Ontario Medical Act was passed through the local legislature by certain interested parties in Toronto for the express purpose of suppressing eclectics and homœopaths, and from present indications it will certainly succeed. The act does not protect either the public or the legally qualified practitioner from the impositions of "quacks," who are as numerous here as ever, nor does it confer on the practitioner any rights or privileges which he did not before enjoy. The act has proved a total failure in everything except the suppression of the eclectic and homœopathic medical boards, and the establishment of a high and uniform standard of medical education which, however, is not higher than that which has been required by the University of Toronto for many years. But whatever may be the fate of eclectics in this province, one thing is certain, viz., that the battle which was begun by the founders of the eclectic system of medicine, has been fought and fought successfully. The allopaths have been compelled in a great measure to abandon the use of the lancet and mercurials as the result of our labors and influence, and it is not too much to say, that before another quarter of a century shall have rolled away, the more destructive features of their practice will be supplanted by the more rational practice of the eclectic system of medicine. They have stolen our *materia medica*, and adopted our views relative to the nature of fever and inflammation."

"On the other hand, however, it must be borne in mind, that the founders of the eclectic system of medicine never intended to build up a *sect* or party in the medical profession. They adopted the term "eclectic" as an appropriate and time-honored word descriptive of the spirit and practice of all liberal, independent and progressive medical men, and understood the term in the light of a

protest against exclusive opinions, and as an avowal of individual freedom and independence in both opinion and practice. If medicine is a science and surgery an art, there can be no sects ; science and art know no sectarianism."

"Before concluding this hastily written article, I desire to place one of my colleagues in his true light before our American friends. Dr. Carson, one of the eclectic representatives was justly censured by his colleagues and all other members of the council, for putting out among the public a vile compound called "Female Regulator," and some other nostrums. The doctor handed in his resignation after the council had struck his name off all committees. It is but just to state that Dr. Carson *is not an eclectic licentiate*, and consequently has no vote as an eclectic. He is a graduate of Victoria college, Ontario, and has always voted for allopathic representatives."

DR. RICORD ON SYPHILIS.*

There is one question which comes before the medical man very frequently : Can syphilis be cured radically ? That is the question which we will consider. There is an immense quantity of venereal disease cured—clap, swelling of the glands, soft chancres, warts—all these "accidents," not belonging to syphilis, and not associated with secondary symptoms, being radically cured. Since these have been distinguished from real syphilis, there have been great differences in the treatment of them, and they have been radically cured. Doubts have been raised whether real syphilis can be radically cured ; and those doubts are not new. Mercurialis thought that it was liable, even after the lapse of years, to break out again ; and the doubts remain in the minds of many whether it can be cured radically, or whether it can be cured only temporarily. Well, that doubt may remain until I establish before you that the law regarding syphilis is the same as the law regarding the small-pox, measles, and such like. You can have at the one time only one small-pox, only one cow-pox ; and as, just so long as the cow-pox influences the system, you cannot have another small-pox or another cow-pox, so in syphilis ; for, as long as the patient is suffering under the syphilitic diathesis arising from an indurated chancre, he cannot have another indurated chancre. The application of this law is that, while a man is suffer-

*Speech in the Surgical Section British Med. Association, August 9th, 1872.

ing under the effects of secondary symptoms, he cannot have a chancre of an indurated character ; so that if you want to know whether the system of a man is altogether free from syphilis, you can do so by inoculating him with an indurated chancre ; if it take, he was free ; if not, he was insusceptible. That is a great point to be reached in the science of medicine. I say, and say distinctly, that syphilis can be radically cured.

Now as to the case of syphilis in the first stage—the primary sore. You have first to find if this be really the hardened chancre, and it comes with the swelling of the glands ; but with it the glands never suppurate. I at once institute the mercurial treatment. Now, there is one point here upon which there is a difference of opinion, for some think that you cannot prevent the secondary symptoms ; but I say that if the treatment be well done and soon done—and this is most important—you can prevent the first bursting out of the secondary symptoms. Why it is not prevented is, that the treatment is applied too late in the first instance, and the secondaries often come before the treatment of the primary is commenced. But if you make the treatment of the primary early and effective, the secondary will not appear ; I can give you warrant for that. The best treatment for the secondary symptoms is the mercurial, and it must be continued and continuous. In Germany, and other places as well, the treatment of the secondary symptoms is not continued long enough. You should choose a treatment which does no harm to the constitution, and continue it for five or six months, and you will have very few cases of relapse ; and, after the mercurial treatment is finished, go on for another six months with iodine. When a person comes to me, I tell him that he will have to continue under treatment twelve months. If he will, he will ; but if not, then I say at once “good bye.” But then, you know, there are complications. The treatment I have given you is for syphilis arising in a person who is otherwise healthy, and there is then but one enemy to fight against. But in other cases you may have, in addition, scrofula, or an otherwise bad constitution. Well, then the case is not the same ; for many of these constitutional disturbances are interfered with by the syphilitic treatment. In many of these cases, the syphilis is the second thing to look at, and you must begin with the constitutional disease first ; you must attack the strongest enemy first, and he sometimes waits until you come to him

before he opens his attack. Then you must come on gradually with your syphilitic treatment ; and that which I prefer in complicated cases is iodide of mercury, which causes little diarrhœa. One capital treatment is that of rubbing in—it is easy and effective. But there are cases in which the rubbing cannot be employed. In the next stage, I employ iodide of potassium. I use large doses of this, up to 60, 70, 80, and 100 grains a day, and even more. I have made experiments with this ; and I have found that, half an hour after the dose has been given, it has passed through the urethra ; and it is in reality a sort of broom to the blood. The supply must be kept up. In secondaries, a treatment partially of this iodide and of mercury has its advantages. I have had the potassium stop doing good, and I have gone back to the mercury with good results. That is what Mr. Acton has said, and I quite agree with him. When syphilis has lasted a long time, and has had great effect upon the constitution, it somehow disappears, and leaves the patient suffering from a complication of diseases which may have been existing before. Well then you must stop all syphilitic treatment, and repair the deterioration of the blood by iron and bark. Mr. Acton spoke about the use of bromide of potassium ; and I agree with him in its use, for it is a splendid remedy for a complication of syphilis in some cases—in syphilitic diseases of the brain and nervous system ; but you cannot depend upon it as an antisiphilitic remedy.

Now I would impress upon you that you can tell your patients that this terrible disease can be radically cured if they have the courage sufficient to go through the treatment, and their physician have the courage to go through it with them. I again thank you for the cordial reception you have given me.—*British Medical Journal.*

CORONERS.—Chas. D. Tufford, Esq., M.D., London to be Associate Coroner for the County of Middlesex. John Church Chamberlain, Esq., M.D., of the Township of South Fredericksburgh, to be Associate Coroner for the County of Lennox and Addington. Algernon Wolverton, Esq., M.D., of the city of Hamilton, Associate Coroner for the County of Wentworth. Wm. De Witt Clinton Law, Esq., M.D., of Bond Head, Associate Coroner for the County of Simcoe.

Dr. Lavell, of Kingston, has been appointed Surgeon to the Penitentiary.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, OCTOBER 1, 1872.

LIBERTY OF HEALING.

A good deal of newspaper discussion has been elicited within the last few weeks regarding the prosecution of a quack in Port Hope, named Ryder. The circumstances of the case are as follows: Mr. Ryder rented his farm a short time ago and attended lectures in a hygienic school in New Jersey, for a term of about 20 weeks. He then returned to Canada and commenced practising medicine in the town of Port Hope, Ont. At the instance of Dr. Dewar, President of the Medical Council of Ontario, he was summoned before a Magistrate and fined \$25 for practicing without a license. The editor of the *Globe* makes this the occasion of an article on "*Medical Infallibility*," the tone of which has caused us a good deal of surprise and astonishment. In the first place we do not think it is exactly the thing to seem to uphold men in the violation of any law, whatever one's private opinion concerning that law may be. The point upon which the editor of the *Globe* seems most inclined to take issue is as to the propriety of an enactment compelling all medical men to come up to a certain standard, and to pass an examination on certain subjects which do not form a part of their creed. He also complains that no provision is made for the admission of Hygienists to become legal members of the medical profession in Ontario. Here he is entirely in error. There is nothing to prevent a Hygienist from entering the profession through the same portal

as the "Homœopath," the "Eclectic," or the "General School." True, there is no special examiner appointed for that school, neither do we see any occasion for such. We are all Hygienists in the true sense of the term, and besides, the utmost latitude is allowed in reference to the treatment of disease. What the law requires is that every medical man shall be well grounded in the fundamental branches of medical science, and so far as the practical part is concerned he may practice whatever system he chooses. It may seem hard in one sense to compel a highly qualified man, coming from the United States or Europe, to go through the ordeal of an examination before the Board of Ontario, but we are sure it is much better, and safer for the public, than that incompetent and ignorant men should be let loose upon the community, which would be the case if we had no law to prevent it. If Dr. Ryder wishes to practice in Canada as a Hygienic Physician all he has to do is to qualify himself as all other medical students do. No exception will be taken to his hygienic ideas regarding the treatment of disease. He can obtain his license and practice any system he chooses, without let or hindrance. Can anything be more liberal than that? And yet we are charged with being bigoted. The fact is it is these men of only idea who are really bigoted. All that we ask, and we ask it in the interests of the public, as well as in the interest of the profession, is that all medical men, call themselves by whatever name they choose, shall be liberally educated and thoroughly qualified for their calling, and, if that be secured, we can safely give them the fullest liberty in the art of healing.

ELECTRICITY IN DISEASE.

The application of Electricity in the treatment of disease has of late received a good deal of attention from scientific men both in Europe and America. Unfortunately for the science, it has hitherto been almost exclusively in the hands of the charlatan, ignorant alike of its properties and its proper application. Very few physicians, even of the present day, are familiar with the different forms of electricity and the various instruments in use, much less the Therapeutics of the subject. This is in great measure owing to the fact that the attention of the profession has not been directed to its

use. One thing more than any other which has militated against its use is, that until within the last few years the instruments in use have been very imperfect, uncertain, uncontrollable, and not possessing any arrangements for its proper application. This has been overcome to a great extent in the improved make of machines and appliances. The Galvano-Faradiic Company of New York are solely engaged in the manufacture of electrical instruments for Medical use. Their instruments are well got up, portable, reliable, clean, and require very little attention. They are quite under control, and possess a wide range of vibration. For some forms of paralysis and rheumatism they are preferable to any other.

Dr. Kidder, of New York, also manufactures a very superior instrument. It is very smooth in its action, never fails when wanted, and the most delicate organ can be operated on by it. It is well adapted to extremely nervous persons. A good deal of confusion seems to have arisen in reference to the various forms of electricity, owing to the employment of so many different terms expressive of the kind of current employed. All this may be avoided however if we recollect that aside from magnetism and static electricity there are but two forms manifest—galvanic and faradic electricity—with the first of these the terms primary, constant and continuous are synonymous; with the second the terms secondary, induced and interrupted exactly agree. The former affects powerfully by reflex as well as by direct action. It has power to stimulate directly the brain, spinal cord, and great sympathetic; and is preferred in the treatment of many forms of central disease. The latter works slightly by reflex action, having but little power to influence directly the brain or spinal cord. The galvanic is therefore used in deep-seated affections of the brain and spinal cord, to produce contraction of paralyzed muscles that fail to respond to the faradic, and in electro-surgery to produce electrolysis or cauterization. The faradic, on the other hand, is used when it is required to act mildly on the nerve centres, to excite muscular contraction when the muscles are capable of responding, and to produce strong mechanical effects. The electrolytic power of the galvanic current has within the past few years, been repeatedly used in the treatment of morbid growths, and has been found sufficient in many cases to dissipate tumors, both malignant and non-malignant. It seems also to possess the property of destroying the reproductive power of malignant growths. Improved appli .

ances have also been constructed for the application of galvano-cautery, for the removal of tumors, cauterization of ulcers, treatment of fistulæ, amputation of diseased parts, &c. In the amputation of such parts as the neck of the uterus, polypi, &c., that are difficult of access, this method is invaluable. The wire can be adjusted before heating; there is scarcely any pain, and little or no hemorrhage follows its use.

Electricity, like many other remedies and appliances, has its indiscreet and ignorant partizans, and for that reason has been long neglected and despised; but it is now being raised to its proper place, and is undoubtedly destined to be greatly extended in its sphere of usefulness.

MEDICAL ASSOCIATIONS.

BRITISH MEDICAL ASSOCIATION.—The 40th annual meeting of the British Medical Association was held in Birmingham during the month of August. Dr. Baker, the President, delivered an address which will be found in another column. Addresses were also delivered on medicine by Dr. Wilks, and on surgery by Mr. Oliver Pemberton. The presidents of sections also opened them with addresses, some of which we have endeavored to give our readers. The attendance was very large and the arrangements most complete. We regret that our space does not permit us to give anything like a full account of the proceedings. We have made a few selections for the present month and will endeavor to supplement them in our next issue. Additional interest was imparted to the meeting by the presence of distinguished visitors from foreign countries, among whom were Ricord, Demarquay, and Labbé, of Paris; Gross of Philadelphia; Bogue of Chicago; A. Smith, of New York; Berns of the Hague, and De Muralt of Zurich. There were over 500 persons in attendance, and the session lasted four days. Excursions were made by several of the members in attendance, to the Stoke Salt Works in Worcestershire, Dudley Iron Works in Round Oak, Sewage Works, &c. of Leamington, Stratford-on-Avon the birth-place of Shakspeare, &c., &c. It was upon the whole, the largest, the most interesting and influential meeting of the profession ever held in any country of the world.

CANADIAN MEDICAL ASSOCIATION.—This was held in Montreal on the 11th and 12th ult., the proceedings of which we give in another place. The attendance was not what might have been expected, and the meagreness was in some measure owing to the opposition to the proposed Dominion Medical Bill. The President's address was read by Dr. Marsden of Quebec, the author being unavoidably absent. It will be found in another column. Some very interesting papers were also read, which will shortly be published. The proposed Medical Bill has received its quietus, and the association will take up its own legitimate work, and we bespeak for it greater success, and we hope soon to see infused into it some of the vitality which marks that of our brethren on the other side of the ocean. Drs. Grant and Worthington have offered a gold medal for the best essay on the Zymotic Diseases of Canada, to be competed for at the next annual meeting. We are not quite sure whether this will accomplish the object they have in view, at all events the time is rather short for the amount of work to be done. To do justice to an essay of that kind will require more than a year, even if one's whole time were devoted to the subject.

CLINICAL INSTRUCTION.

Arrangements have been entered into by the several Medical Schools in Toronto for the regular delivery of clinical lectures in the Theatre of the Toronto General Hospital by the acting members of the Hospital Medical staff. There will be *four* clinical lectures delivered weekly at such hours as will best suit the convenience of students in attendance. Unusual facilities will thus be afforded students attending the Hospital for the clinical study of Medical and Surgical diseases, the importance of which cannot be too highly estimated.

We are glad to see that the Teachers of the various Medical Schools in Toronto are alive to the interest of the students who may place themselves under their instruction, and we feel certain that their action in reference to this matter will be fully appreciated. This arrangement will tend to make the clinical teaching of the Toronto General Hospital second to no other in the Dominion. Surgical operations will be performed on Saturdays at one o'clock.

NOTES AND COMMENTS.

FRACTURE OF BASE OF SKULL.—A remarkable case of recovery after fracture of the base of the skull is reported in the *Glasgow Medical Journal* for August 1872, by Dr. Kelly, of Glasgow. The patient was 21 years of age. He was injured by the falling of a mass of coal, weighing about two hundred weight. Blood flowed from his nose, mouth, and left ear. The latter continued about two days, and was followed by total deafness, and the escape of *watery fluid*, which continued about 12 days. The quantity of fluid that escaped was estimated at about 14½ pints. Twelve weeks after the accident all the threatening symptoms had subsided, but sensation was deficient on the left side of the face and head, and the muscles paralyzed. The left ear was completely deaf, but his intelligence was unimpaired. The case is interesting as showing that recovery may take place even in this usually fatal accident.

MEDICAL REGISTRAR'S OFFICE.—We have been requested to announce that Dr. Pyne, Registrar of the College of Physicians and Surgeons, Ont., has opened an office in the School of Technology, Toronto. Parties at a distance having business to transact with him will please address, Dr. Pyne, Registrar, Toronto, and it will be promptly attended to. The Ontario Government has kindly granted the use of two large rooms in the above mentioned School for the use of the Council.

MEDICAL MEN IN THE HOUSE OF COMMONS.—The Medical Profession will be represented in the next House of Commons by the following members :—Drs. Bergin, Brouse, Grant, and Landerkin, of Ontario ; Fortin, Fiset, Lacerte, Paquet, Robitaille, and St. George, of Quebec ; Almon, Forbes, and Tupper, of Nova Scotia ; and Schultz, of Manitoba.

APPOINTMENTS.—Dr. Drake has been appointed Prof. of Institutes of Medicine, McGill College,—the chair rendered vacant by the death of Dr. Fraser. Dr. Ross has received the appointment on the staff of the Montreal General Hospital in place of the late Dr. Fraser, and Lecturer on Clinical Medicine, in connection with McGill College.

MEDICAL ELECTIONS.—We beg leave to remind the Medical Electors of the Territorial Division of Midland and York that the

election of a representative for the above Division in the place of the late Dr. Agnew will be held on the 7th inst. Voting papers will be forwarded to all "registered practitioners,"—who are alone entitled to vote,—in due time, by the Registrar, Dr. Pyne.

TREATMENT OF BURNS AND SCALDS.—Dr. Montgomery, in the *Pacific Medical & Surgical Journal*, speaks highly of the efficacy of warm and soothing applications in the local treatment of burns and scalds. For that purpose he recommends poultices of slippery elm or linseed meal to be applied immediately, and covered with oiled silk. He records a number of cases in which this treatment was pursued, and with the most satisfactory results. It soothes the pain and excludes the air.

DEATH FROM ETHER.—A death has recently occurred in Bellevue Hospital, New York, from the inhalation of Ether. This is a circumstance of such rare occurrence that we wait with anxiety for the particulars of the case.

RUPTURE OF THE URINARY BLADDER.—Opening the bladder by means of the lateral operation as for stone is strongly recommended in the treatment of this accident. This plan of treatment was brought to the notice of the profession by Dr. Walker, of Boston. It has been put into practice in two cases, one by Dr. Walker and the other by Dr. Mason, of the University of New York, reported in *New York Medical Journal*, August, in both of which it was successful. This is more than can be said of other forms of treatment. It should be done early.

MANAGEMENT OF THE PLACENTA.—Dr. Churchill has recently laid before the Dublin Obstetrical Society the statistics of his 39 year's Obstetrical practice. In reference to the time which elapses between the birth of the child, and the expulsion of the placenta, he gives a record of 2387 cases:—In 1965, it was 5 minutes; in 278, it was 10; in 61, it was 15; in 25, it was 20; in 27, it was 30 minutes, and in 8 cases it was an hour—among them were three cases of *post partum* hemorrhage, with one death, also 10 cases in which extraction was necessary from flooding, irregular contraction and morbid adhesion. He mentions that many of the cases in which the longer intervals elapsed occurred in the earlier part of his practice, before he had realized the safety and value of pressure so

applied as to squeeze out the after-birth from the uterus into the vagina. Firm grasping pressure applied immediately after the birth of the child and continued for a few minutes, he found generally sufficient to expel the placenta from the uterus into the vagina, from which it is easily removed. He had never known hemorrhage follow cases thus treated.

CHLOROFORM IN PUERPERAL CONVULSIONS.—Chloroform is coming to be regarded as a most valuable remedy for the treatment of Puerperal Convulsions : several cases have been reported lately in the various Medical Journals, in which that treatment proved highly serviceable. In those cases in which we have had the opportunity of trying it, it has succeeded admirably ; and we have, therefore, no hesitation in recommending it in all cases in which there is no contra-indication to its use.

TREATMENT OF GLEET.—Dr. Woodson, in the *Kansas City Medical Journal* recommends deep injections in the treatment of this affection. He uses a large sized catheter pierced at the curved end with small holes, for the space of $2\frac{1}{2}$ or 3 inches, and having the eyelets closed.

This instrument being introduced, the injection is thrown in by a strong rubber syringe. The diseased parts can only be reached by these means. He also applies small blisters to the perineal portion of the urethra. The injections used are Tr. Iodine 1 drachm to the ounce of water, Nitrate of Silver 5 grs. to the ounce, or Monsel's solution (Ferri persulphas).

IDIOPATHIC TETANUS.—A case of Idiopathic Tetanus is reported in the Montreal General Hospital, under the care of Dr. Drake. The patient was a sewing girl, aged 17, Canadian, "always weak and delicate ;" no apparent cause can be assigned for the occurrence of the attack, except that she got wet in the rain. The treatment consisted in chloral every two hours ; Ext. Belladonna plaster to spine, and ice bag over it ; beef juice and brandy by injection, and small quantities occasionally by the stomach ; Hypodermic injections of Atrophine— $\frac{1}{60}$ gr. —were also tried. The patient died on the third day.

FINED FOR PRACTISING WITHOUT LICENCE.—An imposter, calling himself Dr. Ryder, practising as a Physician under the so-

called "hygienic system" in the town of Port Hope, Ont., was summoned before the police-court on the 13th ult, at the instance of Dr. Dewar, President of the Medical Council, for practising without a licence in violation of the Ontario Medical Act, and was fined \$25 and costs. He was told by the judge that this could be repeated as long as he continued to practise in violation of the law.

PROF. TYNDALL'S VISIT.—This distinguished gentleman is expected in New York some time during the present month. He will remain for several months, and is engaged to deliver lectures in the principal cities of the United States.

HYPERTROPHIED TONSILS.—NEW TREATMENT.—The application of fine needles of chromic acid to the tonsils causes notable shrinking of the parts, and is almost without pain or danger. By frequent application of this remedy the hypertrophy may be reduced to one-half its volume. Iodine dissolved in 100 parts of Glycerine is also injected into the tonsil in some cases.—(*Dr. Fränkel in the Berliner Klin. Woch.*)

MONOBROMATE OF CAMPHOR IN DELIRIUM TREMENS.—Dr. Allen McLane Hamilton, of New York, speaks highly of this remedy in the above disease. He has also tried it in chordee with most excellent results, and considers it superior to camphor and opium.—(*New York Med. Journal.*)

INJECTION OF AIR INTO THE UTERUS CAUSING DEATH.—Mention is made in the 'Gynæcological Journal,' Boston, for August, of a case of instantaneous death during the induction of criminal abortion by the injection of air into the uterus. The woman was quite dead when the physician arrived, and a Davidson syringe, which she had used, was lying beside her. An autopsy was made the following day. The uterus contained a foetus of about 6 weeks. The membranes were unruptured, but were detached from the walls of the uterus in several places. A similar case occurred at St. Louis some time ago. Another case was reported by Dr. Hitchcock, of Mich., in the Trans. Am. Med. Association, 1864, p. 81. Death in this instance was supposed to have been caused either by the entrance of air into the circulation, or by shock. The *post-mortem* did not throw much light on the subject.

CHRONIC INVERSION OF THE UTERUS.—REDUCTION.—Dr. Braxton Hicks, Guy's Hospital, in the *British Med. Journal* of August 31st, reports two cases of chronic inversion of the uterus reduced by him. Both cases were attended with considerable difficulty. His plan is first to dilate the vagina, and with it the os and cervix, by means of air bags introduced into the vagina, and kept there two or three days. The apparatus for pressing on the fundus of the uterus is a vulcanite stethoscope, having a pear-shaped elastic bag drawn over the thoracic end, and tied tightly round the stem, and inflated by means of a stopcock adjusted to the aural end. Pressure is then made by means of a T bandage, and continued steadily for 24 or 48 hours. Should this not succeed, manual pressure under the influence of chloroform is resorted to.

CORRESPONDENCE.

CANADA MEDICAL ASSOCIATION.

The Fifth Annual Meeting of the Canada Medical Association was held in Montreal on the 11th ult. The attendance was very small, there being only two members present from the Province of Ontario. The President, Dr. Sewell, of Quebec, was absent, but his address was read by Dr. Marsden, of Quebec. It was as follows:—

GENTLEMEN,—The next thing in the order of proceedings is the address of the President. Last year Dr. Parker extended his observations over such a very large field, embracing almost every possible subject, that I really find but little left to comment upon or suggest. There are, however, one or two points upon which I would like to touch briefly.

It is to be regretted that little or no progress was made last session with the Medical Bill. It will be again submitted to-day for your consideration, and in its discussion it is very much to be desired that all sectional or private interests may be laid aside. The question is not this province or that, this school or the other. We are here to discuss and adopt such a "Bill" as will conduce most to public good and the elevation of our own profession. Let me, therefore, bespeak from the members of this Association that reciprocal kindness of feeling, which will tend greatly to the peace and harmony of the meeting, while it will expedite the business in which we are all so interested. Medical education is, without doubt, the most important subject that can occupy the attention of a body like

this. No argument of mine is necessary to show that this must be the foundation of the professional character in every country. I trust, therefore, that the Bill now to be considered, and which has for its object the advancement of medical education in this country, will be sufficiently advanced at this session that it may be laid before Parliament at its next meeting.

On looking over the curriculum to be enjoined on medical students I am struck with the small amount of time given to clinical instruction. Although two courses of three months upon clinical medicine and clinical surgery are all that is required at most of the recognized schools, still a moment's reflection will satisfy any one that this is far too little. Clinical instruction, as now conducted, is made subordinate, and, as it were, a secondary branch, instead of being put forward as one of the most important and most indispensable subjects of professional instruction.

The importance of demonstrations in lectures upon all subjects, medical or otherwise, requires no proof, and surely no demonstration can be so effectual to the medical student as the illustration of the remarks of the professor, by an exhibition of the patient in all the different phases of the disorder.

Again, not only should the number of clinical lectures in the different schools be increased, but greater facilities should be afforded to the student to prosecute his studies at the bedside. For this purpose the Hospital Fees should be much reduced, or, if possible, entirely abolished. With regard to this matter I am happy to say that in Quebec we have taken a step in the right direction. Our hospitals are almost free, while the number of clinical lectures on medicine and surgery, apart from those given on diseases of the eye, amount to 360 per annum—240 only are required by law.

I believe the student cannot too soon commence his attendance at the hospital, and although his medical education may not be sufficiently advanced to enable him to profit by this attendance, to its fullest extent, still if he is observant, he will pick up much which will be invaluable to him hereafter, and he will learn much which will render the lectures he will receive later on in the College far more intelligible, and therefore far more profitable than they would otherwise be. To the same effect is the language of the great Trousseau. Addressing his class, he says, "Clinical instruction should not be deferred till near the end of the student's curriculum. From the day a young man determines to be a physician, he ought to attend the hospital. It is essential to *see—to be always seeing*—sick persons. The heterogeneous materials. They may be for the present useless, but at a later time he will find them stored in the treasure house of his memory." And they will become of incalculable service to him.

Let me here throw out a hint which, if acted upon, might be of advantage to our students in all the different schools. I allude to

the situation of house surgeon in our various hospitals. Hitherto, I am of opinion, these officers have retained their appointments too long, to the exclusion of others from those advantages which they themselves (it is to be presumed) no longer require. In each hospital I would like to see a house surgeon and an assistant house surgeon. The former should be a licensed practitioner, the latter a student in his fourth year, who, if found qualified, should succeed his chief the following year on being received. By this arrangement each house surgeon would spend two years in the hospital, a rotation system would be established, a stimulus would be given to the students, and a larger number of them would benefit by the advantages thus afforded. I do not hold positively to the periods here laid down, but I believe the hint here thrown out might be acted upon or modified to the great advantage of our students.

Again, in the interest of the students, there is yet another point upon which I would like to touch. I allude to the adoption of trimestrial examinations in all schools of medicine. My colleagues and myself can testify to the immense amount of labour which this entails on the professors, but we can also testify to the immense advantages it affords the students—and herein we are amply repaid. These examinations are conducted by a committee of the Faculty, each professor examining on his own branch in the presence of his colleagues. At Laval there are three terms in each year; consequently the student undergoes twelve of these almost public examinations in the course of his four years' study. The advantages to be gained by the students are, first, and perhaps above all, a strong inducement to him to commence his studies in earnest the very day he enters the college. Secondly, by these examinations he discovers whether his lectures or private reading have been profitable to him or not; and lastly, he learns to appreciate and take in the full scope of his professional questions, and by frequent habit, he obtains a facility of answering. The quarterly examinations above alluded to are of course in addition to the usual weekly examination in each class.

The course of study is I see to extend over a period of four years. This is not too long, but perhaps it would be well to specify distinctly in the bill that no degree *ad practicandum* shall be conferred before the full expiration of his term.

It has been suggested by the Association of Medical Superintendents of American Institutions for the Insane, that in every school of Medicine, conferring degrees, a course of lectures should be given on insanity and medical jurisprudence, as connected with disorders of the mind. As most of the cases of insanity in their earlier stages come under the care of the ordinary physician, this is, perhaps a subject which may occupy the attention of the different collegiate councils of this Dominion.

Last year Dr. Parker directed the attention of this association,

in very earnest language, to the necessity of establishing institutions for the treatment of inebriates. It is very much to be regretted that up to the present moment the Government of this Dominion has taken no action in this most important matter. It is true that Dr. Wakeham, with that enterprise and intelligence which have always characterised him, did some years ago, at his own risk and cost, open an institution in the neighborhood of Quebec, for the purpose alluded to, and has maintained it ever since upon a most respectable footing, though I fear at a considerable pecuniary loss. This he has borne, in the hope, hitherto a vain one, that government would ere this have come to his assistance. It is also true that an Act was passed by the Local Legislature in 1860, authorising the interdiction of inebriates, so that now these persons may be controlled and sent to such institutions for treatment. So far so good. But still this does not exonerate the General Government from the great responsibility which lies upon it in this matter. I agree entirely with your late President that all governments are as much morally bound to make provision for the treatment of this class of sufferers as they are to find hospital accommodation for the treatment of other forms of disease, whether of the mind or body. It will no doubt have been seen by many of you that Drs. Parrish and Dodge, Superintendents of the Sanitariums of Binghampton and Media, have been formally invited to appear before the British Parliament to give a detailed history of Inebriate Asylums in the United States, the system of treatment adopted in them, and its success. This is a most praiseworthy step on the part of Great Britain, and will be followed no doubt by other governments, our own, may it be hoped, included.

There is yet another subject to which this Association might call the immediate attention of the Government. As the law now exists no insane person, however violent [*being also an epileptic,*] can be admitted into the public asylums of the country. The consequence is our gaols constantly contain several of these doubly afflicted persons, who are exposed to the jeers and jibes of those around them, inducing, no doubt very frequently, epileptic paroxysms, which under more favourable circumstances, might have been avoided. Why an insane person, because he is also an epileptic, should be less dangerous to himself or others, or requires less the protection of Government for the same reason, I am at a loss to understand. On the contrary, being doubly afflicted, he should be a special object of sympathy, care, and protection. I believe this matter has only to be brought under the notice of the Government to be at once remedied. There are some other points upon which I might dwell, as for example the better regulating of the duties of chemists and druggists in large cities, medical fees in courts of justice and at coroners' inquests, &c., but as there is a good deal of work before the Association, and but little time to do it in, I prefer waiving these, so that we may proceed at once to the discussion of the Bill.

The reading of the address, together with other routine business, occupied the principal part of the *first days'* proceedings.

The *second days'* proceedings consisted in the reading and discussion of papers on various Medical subjects, reports of committees, &c., &c. The following were the papers read :—"On the Extinction of Syphilis," by Dr. Debonald ; "On Scarlatinal Pleurisy," by Dr. Howard, of Montreal ; "On Calculus of the Bladder," by Dr. Fenwick, of Montreal. The discussion of the contemplated Dominion Medical Bill was then entered upon, the subject being introduced by Dr. Howard, chairman of the Publication Committee, and a lengthy debate followed, in which nearly all the members present took part. On motion, it was finally decided to postpone all further action on the subject for two years.

The committee on Canadian Necrology brought in a report, in connection with which mention was made of the late Dr. Fraser, of Montreal, and Dr. Blanchet, of Quebec, and a fitting tribute paid to their memory. Drs. Grant, of Ottawa, and Worthington of Sherbrooke, announced that they would present a gold medal to the Association, to be given for the best essay on the Zymotic Diseases of Canada, the medal to be competed for at the next annual meeting of the Association.

The following gentlemen were appointed as a committee of examiners on prize essays :—Drs. Howard, Fenwick, David, Rottot, and Peltier, all of Montreal. The following committee was also appointed to consider and make some necessary amendments to the Bye-laws of the Association, and report at next meeting. Drs. Hamilton and Gordon, of Nova Scotia, and Dr. Botsford, of New Brunswick.

NOTICES OF MOTION.

Dr. Marsden, of Quebec, gave notice that he would, at the next meeting, move that the names of all members of the Association who have been absent from the annual meetings for three consecutive years, and have neglected to pay their fees during that time, be declared to have forfeited all right to membership.

Dr. Marsden also gave notice of a motion to increase the annual fees of members,

The following gentlemen were appointed to prepare and read papers at the next meetings :—Dr. Howard, of Montreal, on Medicine ; Dr. Hingston on Surgery ; and Dr. Botsford, of New Brunswick, on Hygiene.

On motion, it was decided that the next annual meeting should be held at St. John, N.B., and should take place the first Wednesday in August, 1873.

The following gentlemen were elected officers for the ensuing year :—Dr. Grant, of Ottawa, President ; Dr. David, of Montreal, Secretary.

The Association then adjourned.

BOOK NOTICES.

THE PHYSIOLOGY OF MAN, by Austin Flint, jr., M. D. Vol. IV., The Nervous System. New York : D. Appleton & Co.; Toronto : Willing & Williamson.

This is the fourth volume of a series on the subject of Human Physiology, the fifth and last of which is promised within a year. This work, in five volumes, will be one of the most complete treatises on the subject in the English language. The volume now before us has been published in connection with Dr. Hammond's work on Diseases of the Nervous System. The two are intended to form a complete work on the Physiology and Diseases of the Nervous System. A great amount of care and labour have been expended on the present volume. The style is clear ; the matter well arranged, and does the author infinite credit. It is a critical digest of the subject on which it treats, and will be read with interest by all lovers of the science.

SMALL-POX AND VACCINATION, by Dr. Carl Both. 2nd edition. Boston : A. Moore & Co.

REPORT OF THE MEDICAL SUPERINTENDENT OF THE ROCKWOOD LUNATIC ASYLUM for 1871. J. R. Dickson, M. D., M. R. C. S., etc., etc., Kingston.

BRAITHWAITE'S RETROSPECT for July, 1872. Townsend & Co., New York. Price \$1.50.

HALF-YEARLY ABSTRACT OF MEDICAL SCIENCE. H. C. Lea, Philadelphia.

OBITUARY.

Died at his residence, Brantford, Ontario, August 6th, Edwin Theodore Bown, M.D., æt. 42 years. The deceased was the fourth son of Samuel Bown, M.D., and was born in Highbury Terrace, Parish of Islington, London, 1830. The family came to this country many years ago, and R. R. Bown, Esq., purchased a large farm in the Ox-Bow, now Bow Park and the property of the Hon. George Brown. He also bought a tract in the Eagle's Nest, about a mile down the Grand River from Brantford, which he still holds. Dr. E. T. Bown graduated at the University of Pennsylvania, U. S., in

1854, and took the degree of Bachelor of Medicine at the University of Trinity College, Toronto, in 1855. The University of Victoria subsequently conferred upon him the honor of M.D., and he was elected in 1860, member of the Natural History Society, Montreal. He was Coroner of the County of Brant, and Surgeon of the 38th Battalion. Dr. Bown spent his whole professional life in Brantford, having commenced practice here in 1854. Starting in his career with a respectable competency he enjoyed advantages to which few of his professional brethren of the same age in the towns and rural portions of Ontario can lay claim. When to these were added affable manners, a gentlemanly deportment, a generous hospitality and exceptional skill in the practice of his profession, it will readily be inferred that fortune was not niggard of her favours. For many years before his death he enjoyed a very extensive and lucrative practice. His death has left a blank in the profession here, and is much regretted by a very wide circle of relatives and personal friends. The remains of the deceased were interred in the family vault at Hamilton, the most conspicuous and costly mortuary monument in the Cemetery of that city. His brother, Dr. Walter R. Bown, of Red River, is sole executor to his property, and his eldest brother, John Young Bown, Esq., M.D., M.R.C.S., Eng., ex-M.P., of the North Riding of Brant, is the lessee of his late residence, and succeeds to his practice.

On Sunday, the 22nd ult., at the residence of his brother-in-law, Fred. L. Hooper, Esq., in Hamilton, WALTER JAMES HENRY, Esq., M.D., of Ottawa, eldest son of the late William Henry, Esq., M.D., Inspector-General of Hospitals, aged 37 years.

At his residence, Napanee, Ont., on Saturday, the 14th ult., Dr. Thomas Chamberlain, in the 63rd year of his age.

Law Respecting Periodicals, Newspapers, &c.

1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions.

2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up; and subscribers are held responsible for all numbers sent.

3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires.

4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. V.

NOVEMBER, 1872.

No. 3.

Original Communications.

LACTIC ACID IN DIABETES.

By A. HAMILTON, M.A., M.B., MILLBROOK, ONT.

"We learn more by our failures than by our successes."—BAUER.

Since the much-promising skim-milk treatment has now been, I think I may say fairly, abandoned as judicious treatment for Diabetes Mellitus, and some members of the profession are now turning with some degree of hope to the lactic acid treatment lately brought to our notice by Prof. Alnaldo Cantani, of Naples, I deem it not premature to report the results in two cases under my observation in which his treatment, so far as it seemed possible to carry it out, was given a trial, with what fairness is left to the judgment of the reader. It consists in giving lactic acid with an exclusively flesh diet.*

CASE I.—A married lady, æt. 38, first had diagnosis of diabetes made in Sept. 1871, when the primary symptoms had been troubling

* A statement of Cantani's theory will be found in the *Canada Lancet* for September 1872, p. 48, and a more extended statement, with details of treatment and the pathological views upon which it is based, by Dr. Balfour, of Edinburgh, in the *Edinburgh Medical Journal* for December 1871, *Medical World*, N. Y., May 1872, or *Braithwaite*, July 1872. See also *British Medical Journal*, 25th of February, 1871.

her for three or four weeks. She presented the usual symptoms of a rapidly progressing case. Under two month's treatment with a diet devoid of nearly all amylaceous principles, using flesh, milk, and Camplin's bran biscuit, with the use of ordinary remedies she had in so far recovered as to be able for a time to attend to her household duties, and was otherwise active. While thus improved, she was urged to still further improve her condition, as she seemed to have stopped gaining. Falling into the homœopathic delusion and coming under the care of a certain practitioner of that so-called system in Toronto, who promised, without at all restricting diet, to cure her by very small and easily taken white soluble powders, and stated that he had cured every case treated by him, with a single exception, she began this treatment with enthusiastic faith. Under it from the latter part of November 1871 to the 10th of January 1872, she gradually grew weaker. The specific gravity of the urine was for a time considerably diminished. It previously ranged from 1.029 to 1.038. On the 10th of January the quantity of urine was sixteen pints, sp. gr. 1.033, abundance of sugar; emaciation, excessive thirst, and weakness so great as to require help from cutter into my office; distressing pruritus vulvæ.

At the recommendation of my esteemed friend, Dr. C. Archibald, of Toronto I determined to give Cantani's treatment a trial and pending the arrival of a supply of lactic acid, ordered abstinence from starch and sugar with the use of Camplin's bran cakes (which by the way can be made fresh, and moderately palatable), with the use of the effervescing citrate of ammonia containing in each dose grs. v of Ferri et Strychniæ citras, *ter die*; also gr. $\frac{1}{2}$ pul. opū. after each meal with gr. *j* *hora somni*, and an antipruriginous lotion. In three days, when the acid had arrived, strength was much improved, quantity six pints, sp. gr. 1.031 $\frac{1}{2}$, abundance of sugar by Moore's test, pulse 96, respirations 21, weight 116 pounds.

In this condition she began taking the acid 13th Jan. f3j *ter die* in water with a rigidly meat diet. 14th Jan. the acid seemed with each dose to produce severe pains in loins and limbs; gave an opiate, quantity five and a half pints in the last 24 hours, during which has drunk only six tumblerfuls of water, three of which were at meals, and contained each a dose of the acid which forms quite a pleasant sour drink, quite as palatable as dilute lime-juice. Sp. gr. of urine 1.032, which, on being tested for sugar by Moore's test, did not

exhibit the yellow color until boiling began, this yellow changed to brown, but the color was much less marked than on any previous occasion, the urine being translucent in the test tube. After standing a slight cloud was precipitated. Hitherto the liquor had always been too turbid to observe any such cloud if present. 15th Jan. quantity during last 24 hours is $4\frac{3}{4}$ pints, sp. gr. 1.018 with sugar very small. The urine presents the normal amber tint, while before it was pale and presented the appearance of stagnant water. Each dose of acid seems to induce severe pains, as before. Acid to be continued in warm tea, ordered a mixture of opium and aconite to be taken *pro re nata*.

16th Jan. quantity $3\frac{1}{2}$ pints, sp. gr. 1.019 $\frac{1}{2}$, sugar as yesterday, pains much less, has a pain in back and leucorrhœa. Has drunk in 24 hours only four tumblerfuls of fluid including the tea in which the doses were taken. 17th Jan. sp. gr. 1.020 $\frac{1}{2}$, pulse 90, respirations 20, no pains to-day, quantity 4 pints, slightly more sugar. 18th Jan. sp. gr. 1.017, sugar about as on the 15th, pulse 102, respirations 22, quantity 5 pints. 19th Jan. sp. gr. 1.025, quantity about $3\frac{1}{2}$ pints.

20th Jan. sp. gr. 1.030, quantity not more than 3 pints, decidedly acid, discoloration a shade deeper than before. Has lost two pounds in weight during her first week's treatment. 21st Jan. sp. gr. 1.032, sugar increased, about 4 pints, an opiate had been taken to relieve diarrhœa. Slightly weaker during the last few days. While awaiting a new supply of acid, ordered same treatment as on 10th, resuming acid treatment on 24th, with a simple cough mixture owing to occurrence of a slight bronchitis. 26th Jan. sp. gr. 1.031, ten pints of pale urine, sugar small, pulse 105, respirations 28, temperature 100.2°, weight 114 lbs, pains caused by the acid comparatively slight.

28th Jan., feels much stronger, has been out to church the first time in five weeks, quantity 5 pints, sp. gr. 1.037, pulse 88, respirations 24, temperature 99°. Has taken a grain or two of pulv. opii. each day for the last two days. 31st Jan., quantity 11 pints, weaker, complains of pains in back, shooting from lower dorsal region around the abdomen and down the thighs, sp. gr. 1.032, hypodermic injection of morphia and atropia, and ordered some anodyne mixture as on the 15th. 1st Feb., much better, "feels first rate," sp. gr. 1.036, sugar about the least exhibited since beginning treatment, quantity 5 pints, pulse 95, respirations 23, temp. 99.7°. Marked improvement such as shown to-day was afterwards found to occur regularly after a similar subcutaneous injection. After a few days

further trial of the acid it was abandoned. During this time had been on a diet of mostly beef with fresh fish. Occasionally took one of Camplin's biscuit broken into skim milk.

For some time, about a month, treatment consisted mainly in avoidance of amylaceous foods, with the use of Tr. Ferri mur., strychnia, digitalis, oleum morrhue and opium principally. The patient, of weakly constitution naturally, did not, I think, get out of the house, although at times almost able, but prevented by severity of weather. Strength and quantity of urine varied, but not to any extent deserving note. During this time tubercle deposited in the lung made itself manifest.

Feeling that the result I had obtained was not as favorable as had been observed by others, and supposing this difference of result might be due to the acid, I was urged by the eager anxiety of my patient to try acid from a different wholesale house. A fresh specimen was accordingly obtained from Evans, Mercer & Co., Montreal, whereas the first specimens were furnished by Lyman Bros. & Co., Toronto. Under its use the quantity of urine still kept as small as while under the remedies given in the last paragraph, varying from three or four to about seven pints in each 24 hours. The sp. gr., which throughout the case never went above 1.038, ranged from 1.024 to 1.036, with an average of about 1.031. On one occasion, however, it went down to 1.018, with a very small quantity of sugar. The physical strength was maintained pretty well. This was continued for about five weeks, when it was evident that although it was quite adequate to produce and maintain improvement and even to diminish the quantity of sugar to a minimum as compared with every thing else tried yet the improvement was not progressive and continuous. The fluctuations were not very markedly different from what they were at other periods. The amount of sugar excreted per week was, I think, not more than one-half what it was under other treatment.

During the last month of life consumption made rapid progress, and the case was under palliative treatment. Death occurred on May 4th.

CASE II.—A married lady, æt. 33, the mother of several children, who had been suffering for about eight months from *diabetes mellitus*, and was put upon Cantani's treatment. The dietetic restrictions were, I think, pretty rigidly carried out, and the treatment continued

for five or six weeks. The benefits obtained by using the acid were greater in this case than in the other. Before beginning the acid the specific gravity ranged from 1.040 to about 1.044; under it, from about 1.030 to 1.040, with great but not continuous diminution of the amount of sugar. The quantity of urine was small, four or five pints per 24 hours. The strength and spirits returned, the color improved during the first two weeks treatment, and this improvement was maintained during the remainder of the time. It was evident however, that a suspension of the treatment would permit the physical depression to return, and hence it could not be at all called curative. Hence it was abandoned. Under other treatment this case made a more decided improvement. She died on Aug. 6th, from what, I presume, to be obstruction of the bowels, after a very brief acute illness. As her residence is beyond the limits of my visiting practice, I did not see the case to this termination.

Commentary.—I infer that the administration of lactic acid to the amount of three or four drams per day, has some decided power over the disease. It will diminish the secretion of urine, lessen the amount of sugar *at the same time* and along with it the specific gravity. Also the symptoms immediately dependent upon the march of the disease were all ameliorated. Beyond this remarkable power over diabetes it is doubtful in my mind if it has reliable curative power. If the reader will examine Cantani's treatment he will see that it is predicated upon rational principles. It is to be hoped that further investigation, rationally and not empirically conducted will lead to better results in this hitherto unmanageable disease. I may say that I do not think so highly of the treatment as to have placed a third case which has since occurred in my practice upon it. Both qualities of acid were used, the syrupy in consistence and that of watery consistence. Its expense, about \$5 per pound wholesale, is a bar to very prolonged trial of it.

I may add that the pains produced by the acid apparently in the first did not occur with the second. They did not occur in the first case either with the acid obtained from Montreal. On one occasion only was the pain in the first case described as being in the knee-joints for a day. I observed nothing analogous to the phenomena of acute arthritic rheumatism which other observers have noticed.

GUN-SHOT WOUND OF ABDOMEN—BULLET PASSED PER ANUM—RECOVERY.

UNDER THE CARE OF DRs. BETHUNE & FULTON, TORONTO.

(*Reported by L. J. Lennox, Medical Student.*)

M—L, æt 34, native of Newfoundland, and a carpenter by trade, was wounded on the 29th day of July by the accidental discharge of a "Smith & Weston" revolver. He and his brother were sitting on the edge of the bed early in the evening after they had quit work and were handling the revolver, which he was showing his brother, under the impression that all the cylinders were empty. The brother who had the weapon in his hand raised the hammer, and in letting it down the contents of one of the cylinders exploded, severely wounding the unfortunate patient; the bullet passing through the fleshy part of the fore-arm near the elbow joint, and just external to the neck of the radius, and then entering the abdomen a little below and to the right of the umbilicus. He immediately got up and walked down stairs and laid down upon a sofa, and Drs. Fulton & Bethune were sent for. There was very little shock with the exception of slight pallor of the countenance and considerable excitement. Pulse about 86, full and regular. Dr. Fulton was the first to arrive. He made some inquiries regarding the nature of the injury, the time at which it occurred, and the position of the patient when the accident happened. He then proceeded with a probe to search for the bullet. The wound was very carefully examined, but no trace of the bullet could be found, not even an opening into the abdomen. The conclusion was therefore arrived at, taking the condition of the patient into consideration and other circumstances of the case, that the bullet was lodged in the right rectus muscle, and would probably become encysted. Dr. Bethune arrived shortly after. He also examined the wound, but could not find any opening. The wound was then slightly enlarged and further search made, but with similar results. The wounds were dressed with cold water dressing, the patient ordered to be kept perfectly quiet, and about twenty minims of Liq. Opii Sed. were administered.

30th,—morning.—Patient tolerably comfortable; but slept very little during the night; considerable anxiety; pulse about 90; com-

plaints of a good deal of tenderness in the abdominal wound, Liq. Opii Sed. continued ; to have no solid food ; ordered Beef-juice ever four hours.

Evening.—Complains of twitching pains in the right rectus muscle ; face slightly flushed ; pulse about 96 ; countenance anxious ; vomited some greenish colored fluid ; treatment continued.

31st,—morning.—Tenderness on pressure, especially in the right side of the abdomen ; every movement of the rectus muscle attended with severe pain ; vomited once or twice through the night ; takes very little nourishment, but is very thirsty ; tongue coated with a white fur ; pulse about 100 ; slight tympanitis, and patient complains of fulness of the bowels, and wishes to have a cathartic. To this the Drs. objected, but ordered an enema of soap and water ; hot fomentations and subcutaneous injection of morphine over the rectus muscle ordered.

Evening.—Pulse 104 ; skin hot and-dry ; tongue furred ; general condition much the same as in the morning ; wound in the abdomen discharging a little. The wound in the arm looks well.

The following mixture was then ordered R :—Pot Nitræ grs, xxx ; Tr Hyoscyami, 3 iij. ; Liq Opii Sed, 3 ij. ; Aqua ad, 5 viij. Sig. A tablespoonful every four hours.

August 1st.—Patient easier ; rested some during the night ; pulse 100 ; tenderness subsiding ; stomach not so irritable ; bowels not much distended. Poultice applied to the wound in the abdomen.

2nd.—Rested well during the night ; pulse about 90 ; tenderness nearly gone, except in the immediate neighborhood of the wound ; poultice still applied ; treatment continued.

3rd.—Still improving ; patient in better spirits ; bowels acted without any interference ; stools very dark colored and offensive ; pulse 90 ; skin moist.

4th.—Pain almost gone ; pulse about 85 ; patient quite comfortable ; cautioned against attempting to get up. To have Quinine mixture.

5th.—Patient much better ; pulse about 80 : no pain or tenderness ; tongue commencing to clean at the edges ; to have more nourishment.

7th.—Patient now visited every second day ; improvement rapid ; Quinine mixture continued.

9th.—Moved out on the sofa to have the bed made ; complains of weakness, but is doing well.

10th.—While evacuating his bowels this morning, the bullet passed *per anum* to his great delight and astonishment, and in two weeks' time he was able to be about and attend to business.

ON THE EXHIBITION OF CHLOROFORM.

BY A. B. ATHERTON, M.D., L.R.C.P. & S., (EDIN).

A few observations from the leaves of my experience in regard to this subject may not, I hope, be uninteresting to the readers of the CANADA LANCET.

In administering Chloroform, it is of course important to see that no article of clothing constricts the neck or prevents free expansion of the chest, while we direct the patient at the same time to assume the supine or reclining posture. I once saw a surgeon give it to a person sitting astride a chair and leaning his chest against its back. It was not long before respiration ceased, and it was with difficulty re-established.

It is well also to assure the patient that there is little or no danger, and that he will bear it all the better if he does not get nervous or frightened. I generally direct him to take long deep breaths through the mouth, and to close his eyes in order to prevent irritation of the conjunctivæ. By breathing through the mouth I think one gets less of the choking, smothering sensation, because of the sensitive powers of the nasal organ not being called so much into play. To ensure a speedy and pleasant effect it is necessary not to push it too much at the start, especially if our patient is afraid, and it is his first inhalation. Under such circumstances, undue haste will only cause alarm, and lead to the use of more resistance than will be either agreeable or safe to ourselves. Sometimes a patient will struggle to remove the towel from the face in order to clear the mouth of mucus and saliva. This it is well to allow, and then he will quietly permit you to replace it. At other times I have found that when the continual presence of the chloroform close to the mouth is resisted, its removal during *expiration* will ensure a quiet and full inspiration, during which it may be brought near again. After a few inhalations there will be sufficient insensibility to admit its free exhibition.

Now and then we meet with one, who, in the first stage of anæsthesia, stops breathing altogether; to a great extent I think voluntarily on his part. This will generally be remedied by some rather rough handling of the tender part on which we are to operate, or if there is none such, by giving a sharp pinch or a good shake. Instead of doing this I have seen Physicians remove the chloroform and shout to him to breathe; to which he pays not the slightest attention till it suits himself. In this way chloroform may be wasted as well as much time.

When the loud breathing begins, and the muscles of the arm begin to relax, it is time for work. And here I would remark that it is amusing to see with how much anxiety and concern some practitioners will hold on to the pulse to see how the heart beats, instead of giving their whole attention to the respiration. I recollect this leading one of my friends to think my patient was gone, because he was lying partly on the arm in which he was feeling the radial, and because this pressure of his body, entirely stopped its pulsations. It may be well to feel the pulse in cases of heart disease, but it is certainly needless in ordinary ones.

In the last stage of anæsthesia we often get, as every one is aware, that loud stertorous breathing and its occasional cessation which gives us not unnecessary alarm. In this condition the following simple expedient has often served me well, and I think will obviate that cruel method of seizing the tongue with forceps and dragging it forwards which I have seen practised. By taking hold of one or both sides of the mouth with the thumb and fingers, and drawing well forwards, we can generally (if not always) bring forwards also the lower jaw and with it the tongue, so as thus to raise the epiglottis and permit the air to flow freely in and out of the lungs.

It is not enough that we simply hold apart the lips so as to open the buccal cavity, nor yet is it proper to draw its sides at the same time *backwards*, which I think retards rather than assists in bringing forward the tongue, and thus raising the epiglottis which is the point to be aimed at. Sufficient room will generally be secured for entrance of air without forcing the jaws apart.

With regard to the use of chloroform in labour, by attending to the direction of the late Sir J. Y. Simpson, namely, to give it only *during* the pains, there is little danger of producing any of its dangerous symptoms; neither is the patient as apt to vomit afterwards as in its ordinary use in other circumstances.

It acts like an opiate in getting rid of irregular and useless pains and allowing better ones to come on in their stead. In other cases, where pains are going on well and the female is aiding them greatly by expulsive efforts, chloroform, especially if given freely, will not only to a large extent do away with the voluntary force exerted by the abdominal muscles, but will also diminish the frequency and force of the contractions of the involuntary muscular fibres of the uterus itself.

As soon as the head of the child is born, of course the chloroform should be removed ; and I would say even a little before this, so as to allow the uterus to regain more completely its power to contract upon and expel the placenta after complete delivery of the child, for I can't help thinking that we are more apt to get *post partum* hemorrhage after the use of chloroform than where we do without it. After chloroform I am therefore particularly careful to follow down the uterus as it expels the child, and keep it contracted by pressure and occasional friction through the abdominal walls.

GLEANINGS FROM MY NOTE BOOK.

BY T. R. DUPUIS, M.D., F.R.C.P. & S., KINGSTON.

The following cases are not reported because they contain anything uncommon, or because I think that they reflect any credit on me as a surgeon ; but simply as additions to the number of cases slightly removed from every-day occurrences, and as records of my own field of observation, I give them to the world :

CASE I.—REMOVAL OF A PEBBLE FROM THE EAR, AFTER HAVING REMAINED THERE THREE YEARS.

Miss J., æt 12, was brought to my surgery on the 19th of August last, to have a little stone removed from her ear, which her grandmother, who came with her, stated had been there for three years. The stone could not be seen distinctly, but on passing a probe into the ear it immediately impinged upon it. The child was so timid that I had to administer chloroform to procure an examination.

This was made by means of a speculum, and the stone was discovered completely blocking up the meatus externus at about

its middle. Careful probing then discovered a very small opening along the upper side of the stone and a little posterior to the middle line. The stone was so firmly imbedded as to be completely immovable, and this very small opening was the only passage into the deeper part of the meatus.

To extract it was now the difficulty. After several attempts, I succeeded in forcing a small scoop through the opening, and managed to get it to retain its hold upon the stone. All the force I dared to use, and this was all my instrument would bear, failed to move it in the least. I then called in Dr. EVANS, whose office is next door to mine, but he also was unable to accomplish anything.

Fine forceps, with scoop-like points, were tried, but could not be got beyond the stone, and a wire snare was met by the same difficulty. The grandmother of the patient would not then agree to an operation for cutting it out, and we had to abandon in despair any further attempt. I prescribed a little carbolated oil to be dropped into the ear, and the meatus to be kept filled with wool—this to be removed occasionally, and the pus, if any, to be washed away with a gentle stream of warm water, and the dressing again applied.

On the 19th she was brought to me again. I then had another surgeon in consultation. The patient having been put under chloroform, the end of the stone could be distinctly seen through a speculum, though still occupying its former site. We were, however, able to introduce a larger and stronger scoop than before; the opening having evidently enlarged. But by all the force we dared to use we were unable to extract it; we succeeded only in breaking a small chip off the outer edge of the stone. We were compelled again to desist from further attempts by the uselessness of our efforts. My friend declared that he hated to give a case up, but said he felt satisfied that it could not be removed without splitting the meatus. This, as before, would not be permitted, and the decision was to let the stone remain.

The ear bled freely, and I apprehended much inflammation, so I ordered the former treatment to be continued, and if much pain occurred, a poultice to be applied, and prescribed Sol. morph. sulph. in quantities sufficient to procure rest.

On the 24th she was brought back again, with a very offensive

smelling discharge from the ear, but the inflammation and pain mostly gone, and the stone occupying a position more external than previously. With the patient under chloroform again, I was able to pass my larger scoop with ease, and to embrace in its concavity the inner end of the stone, which, by moderate traction, I succeeded in withdrawing. Treatment to the ear as before, and in about ten days the patient was perfectly well, excepting partial loss of hearing in that ear.

The pebble was over half an inch in length, nearly cylindrical, and over a quarter of an inch in diameter. What struck me as peculiar, was the length of time it had remained without causing more disturbance in the parts, the firmness with which it was held, the enlargement of the meatus as the effect of our manipulations, and the amount of interference the ear sustained without damage.

Whether our conservative surgery was best or not, I am not prepared to say, but it certainly accomplished the desired object. Had I been allowed, I would have enlarged the meatus sufficiently to have grasped the stone; still, I have learned from this case, that a body like this stone, if not removable by the first attempt, may become so by several consecutive ones, on account of the softening of the parts, and enlargement of the opening which may be produced by forcible dilatation.

CASE II.—REMOVAL OF A CALCULUS FROM THE “FOSSA NAVICULARIS URETHRÆ.”

On the 19th of September last I was telegraphed for to go and visit a patient about 22 miles from my office. I left home at 5 P.M., and going with my buggy for about 18 miles, and in a small boat along the Rideau Canal the remainder of the journey, reached my destination about 9 o'clock, P.M. My patient, a strong muscular man, about 50 years of age, I found suffering from retention of urine; he had voided scarcely any for about three days, and the distention of the bladder was the greatest I have ever witnessed; being nearly as large as a full-sized pregnant uterus. The poor fellow was nearly exhausted, and his friends were expecting to see him die.

Examination at once revealed a firm tumor in the glans penis, and the point of the catheter impinging upon it declared it to be:

a stone. As it was situated in the fossa navicularis, I was able to crowd the catheter along side it into the urethral canal, which was so distended that the instrument seemed to touch nothing but the stone, and urine began to flow from it as soon as it was well into the canal. It passed readily into the bladder, and about three quarts and a-half of urine (measured by the imperfect measure at hand) escaped. The most urgent necessity being then relieved, I next removed the gravel.

This was done by holding the penis firmly between the thumb and finger of the left hand posterior to the stone, to prevent its being pushed back, and then with the right passing a deeply concave scoop beyond it. The meatus being unusually small, it was impossible to pull the stone through, so I inserted a narrow curved bistoury till its back came in contact with the stone, and then drawing it directly outwards, enlarged the opening at its upper side sufficiently to admit its passage. Considerable hemorrhage followed for so small an operation, but it was easily controlled by inserting into the urethra a small roll of cotton, compressing it with an external bandage, and applying cold water.

Considerable constitutional irritation followed the immense distention to which the bladder was subjected, and the amount of pain endured, but these passed away in a few days, and the patient is now well. The calculus was of the mulberry variety, quite jagged, and about the size and shape of a common sized white bean.

The manner in which it was wedged into the narrow meatus by the *vis a tergo* constituted it the most effectual plug imaginable, and so completely prevented any passage of urine, that bursting of the bladder must have followed in a very little time longer, had he not been relieved.

CASE III.—FRACTURE OF THE SKULL, WITH CONTUSED WOUND OF THE BRAIN.—RECOVERY.

J. L., a school teacher, æt. about 30, was, on the 16th of August last, exercising himself by assisting to store hay in his father-in-law's barn. They were using a large "horse-fork," and some part of the fixtures breaking, an iron pulley which was attached to a rafter, fell, and striking him upon the head, inflicted

a wound upon the left side just in front of the parietal eminence. The cut seemed to have been made by an obtuse edge, was about an inch and a half in length, and extended through the cranium and into the brain for the depth of about half an inch. The patient was insensible for a time, but owing to the profuse hemorrhage the stupor was of short duration, so that when I first saw him he was quite sensible. The broken pieces of bone were removed, as also a piece of his hat which was driven into the wound; there was some loss of brain substance and considerable bleeding. The patient was placed in bed with his head elevated, a folded piece of cotton wet with whiskey and water, cold, applied to the wound, and small doses of magnesia sulph. given at intervals of two or three hours till the bowels were freely opened. The patient had no bad symptoms, quietness and low diet were enjoined, and after a couple of days, tepid water dressing was substituted for the whiskey and water, and a little carbolated oil applied to correct fœtor. This application softened the clots, and procured a very fine discharge of disintegrated brain mixed with grumous pus.

As soon as this discharge subsided, I prescribed ceratum resinæ to be spread on cotton, and kept constantly applied; under this remedy the pus acquired a healthy character, and the wound began to heal. Some trouble was experienced with fungoid granulations springing up from the bottom of the wound, having the character of encephalocele. Several free applications of nitrate of silver retarded this growth, and corrected the tendency to it, so that the edges of the scalp were enabled to unite.

To-day, Oct. 12th, the patient presented himself in my office with the wound all healed except a very small spot, and this was covered by a dry scab. The site of the wound presents a marked depression, which of course yields readily to pressure from the lack of cranium beneath.

The patient has, however, made a good recovery, and has for some time been able to attend to his professional duties, and to write poetry and theological disquisitions.

This case is another in the records of brain-injuries, which go to demonstrate the perfect curability of that class of lesions.

A FEW WORDS TO THE ECLECTIC BODY.

BY JOHN MUIR, M.D., MERRICKVILLE, ONT.

On the occasion of the last meeting of the Ontario Medical Council, a discussion arose in reference to a proposed diminution of the number of representatives, and a change in the membership of the Central Examining Board. In the course of the debate, Dr. Clarke said "he had reason to believe not a few of the Eclectic members of the College would be willing to merge in the general profession, and that there was, in his opinion, but little difference between that school and his own, in matters of practice." Allusion was also made to the fact that, we had not, for several years, had any accessions to our ranks. In replying, I stated, "I was not in favor of reducing the number of representatives, the Medical Council being now of no more than respectable dimensions for a Province of the extent and importance of Ontario; and that there was a material difference between our systems—particularly in regard to venesection and the employment of inorganic remedies. Yet, I could not but acknowledge that the distinction was daily becoming less. Many agents which a few years ago were peculiarly the property of our school, are now extensively in common use; and if in the future, our friends opposite continued as active in their appropriation of articles from our *Materia Medica*, it really seemed as if the day might not be very far distant when we should all be Eclectics—in the sense of Dunglison, when he said that "every judicious physician must necessarily be Eclectic." The position, however, of the Eclectic body, under the existing Medical Act, could not be deemed a satisfactory one. At the annual examinations no students had, as yet, presented themselves. Even the sons of our leading men,—of our representatives in this Council,—declined declaring themselves adherents of our system. Various causes operated to produce this result, but the most potent reason was no doubt the fact that, in Canada, no special educational provision had been, or could be, made for them. It was much more convenient, and less expensive, for our young men to put in all their terms at one or other of our Canadian institutions, than to divide their period of study between a home college and one located in a distant American city. As things were proceeding at present, the extinction of the body was only a question of time, and that not a very remote time either. In view

of this, it was not to be wondered at that some of our members fully recognizing the situation, felt disposed to accept the inevitable ; and were already discussing among themselves the propriety of fusion with the general profession. One thing was certain, the working of the Ontario Medical Act was having a fatal effect on all our efforts in the direction of perpetuating our sect." As illustrative, moreover, of the views of some of our best men, I read the following extract from one of several letters received during the late election contest :—" Names now convey no essential difference in principles, as every medical teacher of eminence, whether of the old school or the new, has abandoned depressants as therapeutic agents. What we require is professional knowledge to gain general assent to the pre-eminence of our principles. * * Some candidates for Council honors announce their determination to insist on a repeal of the clause requiring two sessions in Canadian institutions. Our interest in every respect is to shut out those who are too lazy to properly qualify. My own students pass without reference to creed, and practice that system they conceive to be right. I have one son legalized from the Toronto School, and another, (who matriculated last fall before the Council Examiner,) will take his first session at Trinity, next fall—both uncompromising votaries of the Medical reformation. But, they can fight to better advantage within the ring than they could without. We ask no favors, and only require an open field and fair play. Education is an indispensable pre-requisite to professional success, and no one should be encouraged to enter upon a learned profession without it." The foregoing, as near as I can recollect, gives the substance of what passed ; and I now recapitulate it merely to correct any erroneous impressions which may have gone abroad through the very imperfect report of the debate which appeared in the daily journals at the time. Dr. Cornell expressed himself to the same effect ; Drs. Bogart and Morrison considered the discussion premature ; Dr. Carson was absent. Subsequently, your representatives met in conference on the subject. There was no difference of opinion amongst them as to the certainty of our ultimate obliteration. On a consideration of the advisability of moving in the matter at all, it was, after mature deliberation, decided that the case in all its aspects should be laid before our constituents, and their views demanded for our guidance ; and the understanding was also arrived at, that the wishes of a majority of

those we represent should govern our course. The duty of communicating with the registered practitioners qualified under provisions of 24 Vict., cap. 110, was at the same time thrown upon the undersigned; and he now, at the earliest possible moment, endeavors to discharge it.

Under the old management, which empowered Boards and Colleges to license practitioners, every year witnessed some small addition to our numbers. At that time the standard was, of course, not as high as it is now, and part of the four years required by the then Medical Acts was often put in after a fashion which would not now be tolerated. Young men ostensibly entered on study with the medical men nearest their homes; and, while their time was thus made to count, engaged in other business during a good portion of it—school-teaching being the favorite avocation so selected. They thus earned money, and complied with the Act simultaneously. And this feature was not peculiar to any school. Students of every one of them, more or less, sought to eke out slender means and economize time in this manner. There was no preliminary examination at all. Then the fees of the United States Eclectic Colleges were small; and with no double graduation system such as now obtains, it was neither so inconvenient nor so expensive to procure the licence as it is under the new law. The full effects of the present Medical Act I scarcely think were anticipated by its most active promoters. Having no Eclectic College in the country at which our students can conveniently acquire the distinctive features of our system, they are handicapped, as it were, with the cost of distant travel, and heavy burden of living in remote American cities. For, this they have to undergo, in addition to the training of a Provincial "General" School. Is it at all astonishing that our young men seek graduation on less expensive and more easy terms, and finding it infinitely less troublesome to take all their sessions at home, decline qualifying for the special examination? I do not mean to say that the considerations specified are the only ones which weigh with students. We all know the extent to which the young men are affected by their surroundings. While studying at hostile Canadian Medical Schools, they could scarcely fail to imbibe something of the spirit of their teachers and associates—a spirit certainly not favorable to the propagation of sectarianism. Then the "General" School has all the attractive prestige of legitimacy, with a long honor roll of illustrious

names which cannot but impress with awe the youthful scholar; and last, but not least, there is a social element of caste in the case, against which it is hard to fortify him. For, with the bulk of the people he encounters, the so-called "regular" practitioner is the only one entitled to take rank as a physician; and young men are often very sensitive, and shrink from adopting a designation which they find many persons regard in the light of a badge of inferiority. Be all this as it may, one thing is beyond uncertainty—*not a solitary student has presented himself* since the new act came into force. Year after year, your representatives have gone through the solemn mockery of appointing special examiners; thereby making provision for a contingency which has never arisen, and which it is only too apparent, under prevailing disadvantages, never will arise.

From 1861 to 1869 our Board existed, and as the results of its labors, there figure now upon the Ontario Medical Register for 1872 the names of one hundred and eight legally qualified practitioners. And here it may not be out of place to notice the good work this Board accomplished—not only for its own adherents, but for the profession in Ontario. By obtaining the passage of the Act of 1861, authorizing its existence, legal recognition was assured; and when the members of that Board, with a laudable regard for the claims of higher medical education, assented to a union of the several bodies under the present Act, they stipulated for perfect equality before the law, and that every member of the contemplated College of Physicians and Surgeons should be wholly untrammelled—free to practice medicine in accordance with whatever system he conscientiously considered most conducive to his patient's welfare; that, in fact, no man should suffer obloquy professionally, or be subjected to ostracism merely on account of therapeutical differences of opinion. That the character of the men too, constituting the following which the Board brought to the new alliance was a generally creditable one, is amply manifest. Though many of them have not registered all the "additions" they might, we know that among the 108 appearing on the Register are not a few who possess much higher educational qualifications than, in every instance, is there apparent. Such reputable institutions as the University of Toronto; Royal College of Surgeons, Kingston; and the University of Victoria College, have graduates among our numbers; while several of the better-grade of American medical schools are very largely represented: Jefferson College,

Philadelphia, Pa. ; Hobart College, Geneva, N. Y. ; University of Michigan ; College of Physicians and Surgeons, New York ; Syracuse Medical College, N. Y. ; Long Island Medical College, N. Y. ; University of Buffalo, N. Y. ; University of Vermont ; Castleton Medical College, Vt. ; University of Pennsylvania, &c. Returning to our subject, however, there are but two sources of augmentation open to us :

1st. Students who pass the Special Examination and the Central Board.

2nd. Converts from the other Schools.

From neither of these have we had a single addition since 1869. We are subject to losses from the following causes :

1st. Deaths.

2nd. Permanent removals from the Province.

3rd. Retirements from practice.

4th. Withdrawals.

I have stated our strength nominally on the Register at 108 ; but have no doubt that were the Register to put in force Sec. 21 of the Medical Act not more than 80 would report. In other words, I believe that during the past three years, from foregoing causes, we have lost 28. There were only 53 votes polled at the election in June last. Thus then stands the case : we are daily decreasing—the general profession gaining. As we dwindle into insignificance the opposition gathers power and volume ; and with their continually swelling growth and importance, a re-adjustment of the representation in the Council cannot very long be deferred. As compared with the “general” section, it must be admitted, in all fairness, that our representation is excessive. Having regard to the interests of our body, what, under the circumstances, had we better do ? Shall we wait until our numbers are so reduced that the small remnant left will be alike impotent to favorably impress the public or protect themselves ; or make such an arrangement *now* as shall secure them a greater degree of consideration, and enable them to exert a modifying influence on the medical practice of the Province of Ontario for all time to come ? Or, shall we struggle for a restoration of the old Board ? In the latter event, even if we succeeded, so committed are we to the elevated standard, and to an exhaustive general examination by disinterested parties, that we would not be one whit better off than at present. A separate Board, for our

specialty we might obtain ; but in reference to the subjects common to all schools, the same examination as is current now would be insisted on ; and, for his eclecticism, the student would still have to fall back on the U. S. Schools. So far as Canada is concerned, with no Medical College of our own within the limits of the Dominion, it is altogether impossible we can hold our own, much less make progress and increase in strength. If I am correct in my effort to comprehend the arguments of those, on our side, who favor merging in the general profession, the case stands about thus : They realize our powerlessness in the direction of extension as an independent sect in the Province ; but they have an abiding faith in the good which even a small number of faithful, earnest men, can achieve who make the most of their opportunities. This they contend we have not done. They consider the policy of persistent isolation hitherto maintained, has been a grave mistake. The knowledge of our methods is wholly limited to ourselves, and will die out with us. Contact with the old school has not been cultivated. Its members know literally nothing of our modes of procedure, or the principles on which we profess to act—nor will they ever acquire that knowledge if we keep them, as we have, at arm's length. Those of our number too, who favor fusion, consider that some of us have urged distinctive doctrines after a fashion more likely to repel than to attract—have shown ourselves more in the character of the narrow-minded sectarian bigot, than in that of the liberal scientific professional man ; and this has interfered seriously with affording us the necessary opportunities for exhibiting to the best advantage the results of our system. They instance the fact that while a few of us have been gazetted as Coroners, the Active Volunteer Force, the Militia, and Hospital, Asylum, and sanitary appointments, from our unconciliatory attitude, never fall to our share. They claim that in view of our patent condition of decay, the term Eclectic on the Register is calculated to degenerate into a mark of degradation as indicating the adherents of a body which could only obtain recruits under a lower standard of education, and secure perpetuation under a lax administration of legislative enactments. It renders them liable, at all events, to the humiliation of being annoyed by importations at the hands of those who do not take the trouble of informing themselves of the causes which have produced the state of matters we deplore. The parties, whose views I am endeavouring to interpret,

assert that the further battle of Electicism here, must be fought out amicably at the bedside—that only by the demonstration of a diminished death-rate can we hope to obtain extended recognition ; and by imparting a knowledge of the means we use to those who are so largely in the majority can we ever expect to very greatly benefit the people among whom we labor, or leave a lasting impress on the treatment to be meted out to them in future years. The conversion of their “adversaries into allies is what they appear to aim at ; and certainly, this has an aspect of plausibility, as being an object worthy of every legitimate effort, and the only seeming direction, as things go, in which we have any likelihood of proving effectively aggressive.

On the other hand, the leading members of the general profession who are advocates of closer union, do not seem to be simply animated by an anxious desire for our instant extermination. Kindlier feelings prevail. Intercourse in the Council, and to a limited extent, professional contact, but above all, the active aid and co-operation we have always afforded the College, in every effort having for its object educational advancement, has led to a better sentiment on their part. It is very evident they do not now regard us all in the light of illiterate medical guerillas, as, at one time many of them, no doubt, did. There may be some ungenerous enough to mock at our present strait, but they are few in number, and comparatively uninfluential. The members of the general section have no reason to find fault with us. We have met them more than half way in every measure projected for the benefit of the profession at large. And we have done so at a sacrifice much greater than could have reasonably been anticipated, and which should place us greatly beyond the reach of taunt, or sneer, or cavil. So far as I have been able to learn the views of “general” representative men, in relation to the matter under consideration, they appear to amount to this : The exercise of a little patience, on their part, they discern, will, without any action whatever, bring about our gradual extinction. The tide of time alone will inundate us. Of this they state they are aware, and that they favor union *now* from no mere eager haste for our annihilation. A loftier motive influences them, and one too in which we should be sharers. Ever since the organization of the College of Physicians and Surgeons of Ontario the aim of every one connected with it, has been its advancement to the highest possible position. The examinations have been made thorough, and the curriculum extended,

until now we can truthfully claim, in the language of its worthy President, that "the standard of the College of Physicians and Surgeons of Ontario is higher than that of any licensing body in the world." Such being the case, the standing of the holders of its diploma ought to be undoubted—they should, in fact, outrank all others. But do they? Not by any means. The presence on the Register of sectarian designations, and the provision made in our Medical Act for special examinations, operate to the detriment of the possessors of the diploma of the College. Our apparent attempts at blending incompatibles are wholly incomprehensible to the minds of medical educationalists everywhere. In Europe, the United States, and even in our own sister Canadian provinces, the arrangement is viewed with something of disfavor; and, the licensing body presenting the (to them) incongruity, is regarded with not a little distrust. As a consequence, the parchment the College issues carries with it neither the undoubted weight nor the world wide authority it should: still less is it the universally unquestioned passport to the front rank in an honorable and learned profession which we have all sought to render it. The *London Lancet* has been energetically engaged for some length of time in endeavoring to dissuade Jamaica and other more distant British colonies from legalizing it as a qualification; and Quebec and the maritime provinces turn a deaf ear to suggestions of reciprocal recognition, solely on account of the mixed character of our examinations. Of course, by waiting patiently as has been said, time would cure all this. The names on the Register now displaying sectarian qualifications and additions, would gradually disappear; and with their removal all necessity would cease for continuing the feature of special examiners on the Central Board. The more prominent members of the general body acknowledge a very natural anxiety, however, to have all this mature at a sooner day, if possible, in order that persons seeking a qualification from us may no longer suffer from peculiarities deemed objectionable by every medical authority beyond our limits. They say to us "join hands in enhancing the value of the certificate we give. Help us to make it of universal acceptance, and you will be participators in the augmented dignity of the College with which we are all identified. Let us be a unit, really and truly, in so far as the College is concerned; and, if we must differ at all, let it be in the outer field of competitive practice." To this end, they suggest that instead of the

Eclectic qualifications and additions now figuring opposite our names, we should consent to the substitution of "Mem. Coll. Phys. and Surg., Ont.,"—with the year of original registration added; and that the provision for a special examination, (which no student has ever accepted,) be done away with. This is what they desire, and it now remains to consider the matter as it affects our section—merely premising, that in the ideas presented in the summing up, I give my own views only, for which my colleagues should not in any way be held responsible. Indeed, it is not at all improbable that in some particulars, the tone or matter of this communication may fail to convey precisely what they wish; and that the whole therefore had better, by the undersigned, be personally assumed. And I am perfectly willing that such should be the case. Whatever the views of our constituents may be regarding the advisability of the steps taken in the past, there can scarcely, from what has been said, be two opinions regarding the effects of the medical legislation in which we have acquiesced. As organized propagandists we are virtually reduced to utter helplessness, and must admit, however reluctantly, that the day of Eclecticism, as a separate entity, in Canada, has passed away for ever. Some of us may talk valiantly of maintaining the distinction in the College, of never giving up, and proclaim their firm resolve to "to hold out to the last"; but this has an aspect of silliness about it, as being but a bootless contention for the shadow after the substance has departed. Reasonable practical men make the best of any dilemma in which they find themselves placed; and what such have to do now really is, to scan the situation and determine whether a present or deferred yielding to inexorable fate is better for them. For my own part, I dismiss without a moment's hesitation all consideration of the policy of passive waiting until destruction overtakes us. I know of nothing to recommend it, and can imagine no argument of any weight which can be adduced in its support. By exchanging the sectarian designation for that of the general membership, and relinquishing the special examination, which has proved of no use to us whatever, we certainly augment the value of the diploma held by ourselves and others—for, so long as existing conditions obtain, the College is undoubtedly liable to have its qualification contemptuously rejected as tainted with "irregularity," by even as pigmy a province as Manitoba with its handful of half-breeds. And our doing so involves, in no way, the

slightest abandonment of principle. Over the sectarianism of its members the College seeks to exercise no more control than heretofore. They may publicly announce themselves as practitioners under any system they please, and hold themselves aloof if they shall so decide ; but should a more amicable spirit prevail, on the part of any of them, to such the general profession proffers full fraternization and all the consultant courtesies they extend to one another. The *Canada Lancet* of last month expresses very clearly the views of the majority on this point (page 579.) Its editor emphatically says : "there is no desire to urge, much less to coerce, the Eclectics into amalgamation ; but, whenever the latter are disposed to come in, we will most cordially extend to them the right hand of fellowship." One phase of the situation has not been referred to on either side. The College is maintained, and the current expense of its Council met, by the fees accruing from students presenting themselves. As there are no Eclectic students, it follows we are in the unpleasant position of parties non-contributing. The only students entering an appearance, and, as a consequence, furnishing the necessary funds, belong to the general school. A prolonged struggle for the continuance of a feature which does us no good, and yet depreciates the value of the qualification we furnish, would therefore be a singularly ungracious proceeding on the part of a section, which has ceased, for some time, to assist the College with material aid, in any form whatever. But the question may be asked if we eliminate our distinctive term from the Register and agree to the suggested change in reference to the Central Board, what guarantee have we that, at some future time, ungenerous advantage may not be taken of our acquiescence ? I do not, on this head, entertain much apprehension. The tendency of all modern legislation is decidedly antagonistic to the oppression of minorities, and any attempt to effect a change in our Medical Act affecting its present liberal spirit, would recoil upon, and certainly prove a plague to its inventors. Some arrangement in regard to representation would have to be devised, which would give us due voice and influence in the Council. We could scarcely expect that any of our number would ever be elected from the territorial divisions. As "representatives at large," however, a liberal allowance would, I have no doubt, be made us, in consideration of early alacrity in meeting the views of those who plead with us on behalf of the best interests of the College. But, in

regard to the whole matter, there is no immediate and pressing degree of urgency. The proposals submitted will have to be weighed by the constituency; and, with a majority of those who constitute our body, rests their acceptance or rejection. The Council meets not again till next July, affording ample time to discuss the question in all its bearings. Whatever that decision may be, the Eclectic representatives will faithfully give their energies to carrying it out.

J. MUIR, B.L., M.D.

MERRICKVILLE, Ont., 30th Sept., 1872.

Selected Articles.

HOSPITAL NOTES AND GLEANINGS.

Cases under the Care of SIR HENRY THOMPSON at University College Hospital:

Pain after the Use of the Lithotrite.—Persistent pain after a series of crushings may be due either to soreness of the vesical mucous membrane or to the irritating presence of a remaining fragment. Sir Henry Thompson pointed out, in reference to the following case, that it is important in any given instance to ascertain, once for all, which of these conditions exists; inasmuch as a fragment, if there be one, must be removed without delay; while, if the pain arise from soreness of the mucous membrane, every additional introduction of an instrument is calculated to increase the mischief. Inquiry should be made as to the frequency with which the patient micturates, and as to the occurrence of pain after micturition, and its situation. If any doubt remain, a final and careful instrumental examination should be made; and for the purpose it is desirable that the bladder should not contain much urine. In the case in point the patient had undergone five crushings for the removal of a uric acid stone; he complained of persistent pain in the bladder, with pain in the glans at the end of micturition. Having made a general examination of the interior of the bladder with a sound, Sir Henry Thompson introduced a lithotrite, and, having depressed the handle, carefully explored the region behind the prostate with the slightly separated

blades turned downwards. These came into contact with no solid substance, and were brought together without any sense of resistance. On the withdrawal of the lithotrite a very small quantity of powdery matter was found between them. The patient was directed to take a mixture containing liquor potassæ and tincture of henbane each in the proportion of half a drachm to the dose, and to use a hot hip-bath ; and, as a specimen of his urine presented a light deposit consisting chiefly of mucus, the house-surgeon was requested to ascertain whether the bladder was completely emptied by the natural effort.

Painful Ulcer following Ligature of Internal Piles.—Another patient had undergone ligature of some internal piles, and had passed the usual period of convalescence. He complained, however, that the passage of every motion gave rise to agonizing pain at the fundament, and to a long-continued heavy pain in the lower lumbar region. On examination there was found at the spot where one of the ligatures had come away a rough ulcerated surface. So painful was it, that pressure on the corresponding surface of the buttock about an inch and a half from the anus, could scarcely be borne. An incision was made through the ulcer as for fissure of the anus.

Urethral Fever.—There occur from time to time cases in which the passage of an instrument into the bladder is followed by exceptionally severe constitutional symptoms. One remarkable case of the kind was lately under Sir Henry Thompson's care. The patient was admitted with a urethral stricture which was first overcome with a small instrument which was tied in the bladder. During the succeeding fourteen days, instruments of gradually increasing size were introduced and tied in ; the urethra having then recovered its normal dimensions, Sir Henry undertook to teach the patient to pass a catheter for himself prior to his discharge. He gave the first lesson by himself guiding the patient's hand. Rigors, vomiting, and severe febrile symptoms followed this procedure ; the urine became tainted with pus, the intelligence clouded, and the patient's look fixed and stolid ; he could keep nothing on his stomach but a little milk and soda-water. When we saw him on the fourteenth day after the occurrence of this complication, his symptoms indicated only a very slight improvement. In speaking of this and other less severe cases, Sir Henry first drew attention to the absolute immunity from similar complications which is enjoyed by women.

He pointed out that the male urethra is some six inches longer than that of the female, and attributed to that additional extent of surface the greater irritability and liability to a special form of constitutional disturbance which men display in an affection which always presents three stages : cold, dry heat, and moist heat. Frequent examples are afforded of patients who undergo the introduction of an instrument with no apparent impunity, but on their way home a chill is felt, which, with the succeeding symptoms, are attributed to a cold. This complication, Sir Henry said, occurs in various degrees of severity, but seldom does it happen to be so severe as to endanger life, as in the case under observation.

Operation for Recto-vesical Fistula.—To another patient the galvanic cautery was applied to a recto-vesical fistula which had followed an operation for stone performed fourteen years ago. The cautery is applied periodically, and each time its use is followed by improvement. Before the last operation, the patient passed water by the natural passage, but a small quantity escaped into the rectum when he walked.

In the Out-patient Department we saw one or two cases of chronic orchitis and painful enlargement of the epididymis, following gonorrhœa ; the patients were directed to keep the scrotum enveloped in a piece of lint covered with an ointment of the following composition :—Half a drachm each of strong mercurical ointment and iodide of potassium ointment. Sir Henry advised them to further dilute the preparation with lard, if they should suffer inconvenience from its use. Special injunctions were also given that the part should be well suspended by means of a handkerchief attached before and behind to a girdle of some kind.—*Lancet*, Aug. 31, 1872.

On the Use of Plaster Splints in Remedying Displacements in Fractures Irreducible by other Means.—All surgeons know how difficult it is sometimes to remedy certain cases of oblique fracture of the lower third of the leg, in which the upper fragment projects under the surface. Various apparatus have accordingly been devised for the purpose of preventing this displacement. In France, Malgaigne in such cases used to employ his metallic point, which was fixed into the upper fragment so as to exert a certain degree of pressure, and prevent any fresh displacement. The fixing of the metallic point was attended with some inconvenience ; besides, it is a special

instrument and not easily procurable. We were therefore struck with the advantages afforded by an ingenious contrivance which we saw Dr. Labbe employ with success a short time ago in his wards at the Hospital la Pitie.

The patient was a woman aged forty. Whilst in a state of intoxication she had been run over by a gig, and was at once conveyed to the hospital. Fracture of the lower third of the leg was found to have occurred, with very marked displacement of the upper fragment, which projected under the skin and threatened to tear through. A splint was immediately applied by one of the house-surgeons.

As the woman was labouring under delirium tremens, it was found necessary to use the strait-waistcoat, and strong doses of opium were administered. However, in consequence of the restlessness of the patient, the upper fragment of the tibia projected more and more under the skin, so that it became necessary to use some means to prevent its issue through the surface. Accordingly the apparatus was modified, and a cushion placed under the heel, but to no effect, and there was imminent danger of the fragment lacerating the skin. It was at this time that Dr. Labbe first saw the case, and with the view of definitely remedying the displacement and preventing deformity, he applied a plaster splint in the following manner: Reduction was first performed with the greatest care. As soon as this was completely effected the plaster splint was applied so as to cover the sole of the foot, the heel, and the whole of the posterior surface of the leg. The assistants were then requested to continue extension, counter-extension, and perfect apposition of the fragments, until the plaster had become hard. At the end of half an hour the apparatus was sufficiently solid. From that moment all anxiety about a breach of surface ceased, and, notwithstanding the disorderly movements of the patient, which continued two days longer, consolidation took place so perfectly that it was quite impossible to make out the seat of the fracture.—*Lancet*, Aug. 3, 1872.

DIPHTHERITIC ALBUMINURIA.—R. Browning, L. R. C. P. L. in the *British Medical Journal* says: From what I have lately witnessed while watching two local epidemics of diphtheria, I am disposed to consider that albuminuria is present in nearly all cases. That its appearance is usually about the end of the first week after

the diphtheritic membrane is developed, though sometimes earlier more rarely later. Coexistently with its appearance, there is a notable diminution of the quantity of urine, and an increased excretion of urea; whilst lithates generally, tube casts, both granular and waxy frequently, blood corpuscles not seldom, and pus globules occasionally are found on examination of what is secreted. The urinary specific gravity mostly averages 1016, and the temperature of the body is, as a rule, 100.4 to 102 degrees.

The gravity of the prognosis increases in an equal ratio with the quantity of albumen existing in the urine, independently of the amount of throat affection or kidney disorganization, and an early or late discovery of albumen is of serious import. The local mischief attacking the pharynx or other structures, and paralysis subsequently occurring are entirely the result and symptomatic of a morbid poison affecting the general system, just as the sore throat of syphilis is the sequence of a blood disease previously contracted. Albuminuria, in any quantity, is due to obstruction of circulation through the kidneys, caused by congestion of the malpighian tufts, this congestion being produced by paralysis of the nerves supplied to them; but a mere trace only of albumen arises either from pus or else blood which has casually entered the volume of urine. The indication of treatment is to remove this obstruction by overcoming the paralysis, and this is best accomplished by local Faradization. Seven cases are reported in detail, two of which terminated fatally. In these two no Faradization was employed. The other five which were all of a very serious nature, recovered after Faradization was resorted to. All were marked by unmistakable evidence of blood poisoning and albuminuria, with more or less suppression of urine. The treatment of all was conducted on the same principles, plus or minus the induction coil; the object aimed at being at first, during the premonitory symptoms, to regulate the secretions, and then to support the strength of the system in every possible way. My sheet anchor was the tincture of perchloride of iron, sometimes combined with glycerine, sometimes with chlorate of potash, and sometimes given *per se*. Stimulants and nourishment in every variety were supplied with no sparing hand. The customary topical medication was of course attended to. In some instances, the ordinary conductors fitted to most galvanized batteries; in others "Etna's" were employed. Faradism was thus employed over the lumbar regions along the lower part of the spine, and as nearly as possible in the direction of the ureters.

BRITISH MEDICAL ASSOCIATION.

ADDRESS ON SURGERY, BY MR. OLIVER PEMBERTON.

Surgeon to the General Hospital, and Professor of Surgery in Queen's College, Birmingham.

The first part of it he devoted to some points connected with the treatment of aneurism. He said :

Professor Lister's improvement in the Hunterian operation, by which the permanent closure of the artery at the spot tied can be insured, without dividing the coats of the vessel, at once effects a complete change in some of the most important conclusions that for long years have guided us in our treatment of aneurism. One of the greatest dangers attending the Hunterian operation has hitherto been considered to be the application of the ligature immediately beyond any considerable branch of an artery. This impression has deterred from applying a ligature to that portion of the artery which otherwise would have seemed to them best adapted for the purpose. That an abiding coagulum will form under certain circumstances in the vicinity of almost any number of branches on the proximal side of a ligature, I am perfectly satisfied ; but the attainment of this success in many cases depends on a fact which it is almost impossible for the surgeon to estimate beforehand ; that is, the facility with which the blood will coagulate or deposit its fibrin in any particular instance. * * * * *

Apart from this question of coagulation, I feel warranted in expressing my conviction that too much stress has been laid on the disturbing influence of a large branch or branches taking origin close to the part of the vessel tied. If, however, we are to believe the teaching of Professor Lister (" Observations on Ligature of Arteries." Edinburgh : 1869), it will be of little moment in future whether a plug form on either the proximal or distal side of the ligature at all, so long as the " prepared catgut" insures permanent closure of the vessel at the spot tied, without severance of the coats, and, consequently, without liability to secondary hemorrhage.

I am glad, before such a meeting, to be able to express my unbounded admiration of, and confidence in the use of the animal ligature, as placed before us by Professor Lister. If the so-called

“antiseptic system” has effected no more for surgery than to give us the means of effectually closing an artery without cutting it through, and without suppuration, it has in this placed the crowning glory on the treatment of aneurism, for which it has waited since the time of Hunter.

I shall now endeavor to show that the principles of treatment in the methods of flexion, compression of the sac, and manipulation, are one and the same.

The method of flexion can only be applicable to certain arteries. All that is needful to do is to keep the limb flexed, not continuously, but to such an extent as to alter the relations between the orifices of ingress and egress, and the fibrinous laminæ of the sac. Some of these laminæ become, as it were, dislocated, and protrude more or less into the stream when a fresh deposit of fibrin occurs, and so the cure is gradually effected.

The exercise of pressure upon the artery above the angle of the flexion appears to me useless. What we want is a stream of blood flowing into the aneurism, that it should be more or less retarded there, and that there should be a present something in the nature of a foreign body—for example, the fibrous laminæ, on which blood would coagulate and deposit its fibrin. This retardation of the blood in the sac can be effected by a gentle compression of the artery on the distal side of the aneurism, as I strongly hold that what we want in these cases is a deposition of fibrin rather than a coagulation of blood. For, surely, the slow deposition, layer after layer, of solid fibrin in the sac until the filling-in is complete, is a surer guarantee against subsequent mishaps than if it were closed by a mass of suddenly coagulated blood.

I entertain the opinion that the compression of the sac ought to be used more frequently than it is now. The principle of this proceeding is exactly the same as flexion; we want simply to alter the relations of the laminated fibrin to the cavity of the aneurism, so as to bring about a further deposition of fibrin on the projecting surfaces of any of the displaced laminæ. The pressure need not be continuous. It should be very gentle. It need not, even, be distributed uniformly. But it must ever be borne in mind that if it be carried to such an extent as to empty the sac, and to press one wall against the other, then a cure cannot occur. The very conditions under which a cure is possible are here ignored. Blood must

pass through the sac. It must not pass through too rapidly ; and I now think that this would be facilitated by gentle pressure being made on the artery below the aneurism.

Reduce the force and volume of the blood current by any carefully considered measures, and we follow out the reasoning of Brador and Wardrop, in the distal ligature ; a reasoning which is rendering amenable, to the treatment of internal aneurisms hitherto beyond surgery ; a reasoning that has the authority of nature's own proceedings to recommend it, from the fact that it is more or less identical with the mode in which the so-called spontaneous cures are brought about.

I cannot but regard the treatment of manipulation to be based on exactly similar principles to those on which the methods I have just alluded to are founded. No forcible pressure to detach fibrinous laminæ, in my judgment ought to be used ; as the result would be almost certain separation of small portions of the clots, which would be carried into the circulation, and would eventually plug the smaller vessels, causing symptoms according to the functions of the parts which the plugged vessels supply. For I must own I have not been able to see how these clots could be located at either outlet, to be fixed by arrangement, as it were, at a spot where it is simply impossible to be assured that they would effect a lodgment. All that is necessary is that the aneurism should be gently manipulated, so that the laminæ of fibrin in its interior should occupy a different position to that which they had previously held with reference to the two orifices of the sac ; and in order that the blood should not be allowed to pass out of the sac too freely. If I have an opportunity, I shall endeavour to compress the distal artery in accordance with the principles I have been advocating.

I have now to call your attention to what I believe to be a not uncommon result of the cure of aneurism, after it has been effected for some time ; I mean the formation of varicose aneurism, or aneurismal varix. I shall first relate two cases. In 1844, my late colleague, Mr. Amphett, tied the superficial femoral for an aneurism of the artery as it enters Hunter's canal. The patient was 41, and a soldier. There was nothing unusual at the operation, and the ligature was thrown off on the nineteenth day. Ten days subsequently, there was arterial hemorrhage from the seat of the ligature. This recurred in ten days, and a third time in fourteen. Pressure on

the arch was used, and the patient recovered. He remained well for upwards of three years, when a tumor formed at the seat of operation, which was evidently an arterio-venous aneurism. With this coming under the care of my colleague, Mr. Baker (our President), he died with a drunken pleurisy, just five years from the date of the operation. I was fortunate in being able to dissect his vessels. The femoral artery had formed an aneurism at the seat of the operation as large as a hen's egg, and the femoral vein communicated with the artery by a large opening. The former aneurism was cured, and the artery between it and the seat of the ligature was impervious.

LITHOTOMY.—Mr. Pemberton next considered the subject of Lithotomy. Advocating the median operation, he said :

I shall be prepared for it to be said of my advocacy of median lithotomy, "The statistics of your own cases are against you." My answer is, "Statistics are not everything. A case may end just as well one way as another, though the troubles on the journey differ widely, and no one will question that lateral lithotomy in children is eminently successful. But every operator who has sufficiently tried any given two methods of procedure, has a right to say which of the two he prefers ; and therefore it is that I say, when I reflect on the anxiety that I endured in watching the threatenings of mischief in children cut by the lateral operation, I rejoice that I have cause for it no longer, notwithstanding the general good fortune that attended my practice with that method.

And now as to the cases where the median operation should not be selected. In any instances where the finger is not likely to reach the bladder, so that instrumental dilatation would be required, the latter operation should be preferred. The reason I use my finger is because I have more control over it than over an instrument. I can regulate the one, not the other. I would sooner cut than lacerate at any time, and I consider that the use of instrumental dilatation in this operation means laceration. You may use it, on and off, with impunity, but it is a most destructive instrument—reviving all the dangers of the discarded Marian. I attribute the peritonitis, which carried off my single fatal case, solely to the laceration of the neck of the bladder that of necessity followed its use. I repeat, the only dilator must be the finger, and so long as the neck of the bladder can be widened by this sufficiently to allow of the removal of a

stone without laceration, I shall deem it a part of my duty to advocate the adoption of this form of median lithotomy.

I hope, however, my observations will not be misunderstood. I am second to none in admiring what Chelseden practiced, and what Liston and Fergusson have brought to perfection—the lateral operation for stone. I have been surrounded during the whole of my professional life by teachers and colleagues who have had unusual opportunities for practice, and who have realized brilliant successes in this very operation ; but, in my opinion, it is not the most desirable operation to perform for all stones, at any age and under any circumstances, as some would have us believe.

STRICTURE OF THE URETHRA.—Mr. P. then proceeded to speak about stricture of the urethra : It is to me remarkable, but it is true, that the views eutertained by the highest surgical authorities of the day differ on no subject so widely as on the particular system they adopt and recommend in the treatment of stricture. Simple dilatation and rest, I am thankful to say, have had a great following, and, if I mistake not, will yet rise into higher position. The main quarrel is between the advocates of internal as opposed to external division. The late Professor Syne (*Stricture of the Urethra*, p. 21, 1855) thought he had effectually put an end to the use of those “dreadful engines,” as he termed M. Reybard’s instruments ; but he was mistaken, for strictures of this day are both cut, split, and torn ; and new engines for the purpose multiply, as if the great surgeon had never lived to speak of plunges in the dark with caustic, or of ripping open the urethra by internal section.

Stricture may fairly be defined to be a diminution of the normal diameter of any portion of the urethral canal ; and as it must be admitted that the existence of any stricture, however slight, from whatever cause proceeding, and of whatever nature, may sooner or later give rise to serious consequences in the condition of either the bladder or kidneys, it is needful for the surgeon to discover it and cure it as soon as possible. But the real question is in reference to this word cure. Have we to deal with a simple stricture that has resulted from inflammation of the lining membrane of the urethral canal, or with a stricture originally of this kind, which has been aggravated and increased in extent by ill-considered surgical proceedings ?

For the first there is a cure by simple dilatation. For the second there properly is no cure. Once organic stricture, always organic stricture, is my belief. Whenever the lining membrane of the urethra has been injured, whether by accident, disease, or by bad surgery, the spot will contract and establish permanent stricture, and I do not believe that the materials constituting such cicatricial narrowing are ever absorbed.

If you endeavor to restore the normal calibre of the urethra under these conditions by ever so well considered a system of dilatation, my opinion is that the contraction will return sooner or later with increased vigor, the natural elasticity of the canal being gone; in other words, dilatation will not effect a cure, and never does effect a cure.

But dilatation, if it be well and properly carried out, will protect the patient against the occurrence of those diseases which, dependent on individual health and mode of life, arise either rapidly or slowly in all cases of stricture. The degree to which it is necessary to carry this may fairly allow of discussion; for I have ever before my mind the conviction that the very means made use of to effect the so-called cure, may become the certain cause of the continuance, and, in many cases, of the increase of the malady.

I think it will be admitted that the tendency to narrowing in cases of stricture differs very markedly in individuals. Some may show few signs of change during many years, others, especially those arising from the effects of laceration by direct violence, certainly, surely, and often rapidly increase. In all cases, treatment by dilatation is necessary; but I doubt myself whether it is needful always to endeavor to restore the standard of the canal to the utmost of its original extent. I believe that there are many cases which admit of being maintained at a standard short of this, depending, however, on the facility with which the contraction yields, and its rate of increase subsequently. And it must never be forgotten that when once this treatment by dilatation has been commenced—no matter how carefully or how thoroughly it may have been done—it will have to be continued, whether at the hands of the surgeon or of the patient more or less during life.

For my own part, time being given, I do not believe that there is any stricture through which an instrument cannot be passed by a skilful surgeon. This being so, treatment by gradual dilatation

follows ; and, in my judgment, this should be by the silver catheter, as the safest, simplest, and most certain instrument in the greatest number of hands yet given to us, *bougie a baule bougie alivaire* notwithstanding. If the induration be cartilaginous non-dilatable, or if there be fistula, the treatment by external division on a grooved staff should be adopted as speedily as possible.

Entertaining this view of the permanence of the changes established in the urethra by injury or disease, I am not very likely to favor any internal severance of the lining of the canal, whether by Mr. Holt's method of so-called "splitting," or by any form of internal cutting. I believe a wound is produced just as much in the one case as the other. I regard those methods as artificially inducing the very conditions which I lament should result from almost unavoidable causes ; and I further believe that a shut-up wound on the internal face of the lining of the urethra, is attended by dangers, from which an open wound on the outside face is comparatively free (a). I have had occasion to divide the urethra after Professor Syme's method in upwards of thirty cases. In one case only was there a fatal ending, and this from pyæmia. In no case was there a relapse, provided that an instrument was passed from time to time, the frequency of this being determined by individual tendency to re-contraction, once a month to once in three months, being about the average ; and by this means the calibre of the urethra was without difficulty maintained at its original standard. All the cases that I have seen, save one, have required this continued resort to dilatation, and will require it, in my judgment, more or less during life. For there is no more a cure by this than by dilatation or splitting. In the case that did not require it a fistula remained permanently in the perinæum, letting through a little urine, the general stream flowing by the urethra, which at the end of twelve years shows no disposition to contract.

If the induration of the urethra, and narrowing, be of such an extent as to preclude the idea of dealing with it by external division, I prefer to tap the bladder by the rectum. I do not feel inclined, at present, to divide from the bulb to the meatus ; and this literally must be the length of an incision in many of these long-standing cases, if the entire disease is to be dealt with.

(a) I will, with Sir H. Thompson, admit its use in narrowings at the external meatus.—*Pathology and Treatment of Stricture, third edition.*

There are numbers of these inveterate cases wholly unsuited to external division ; but they are eminently calculated to be dealt with by a method which deviates the course of the urine to another channel, in order that rest may heal the fistula, and absorb much of that adventitious material blocking up the natural urethra, which can then readily be found, and have a standard established almost without resort to dilatation.

I frankly say that I do not believe that either internal or external division of any urethra will cause the healing of fistulæ in the groin, buttock, and perinæum, where a man passes his urine, as it has been graphically described, like a watering pot.

Surely, relief by the rectum will stand comparison with all the manœuvres that have been suggested from the days of Hunter to Grainger, and from Grainger, who, by the by, belonged to us here, to Gouley and Wheelhouse. I cannot conceive why a patient is to sustain—sometimes for hours together—the distress belonging to hopeless attempts made to trace, in that stage of the disease, an impracticable canal, when the chief cause of the malady—the flow of the urine—can be reached and diverted in a moment. Since Mr. Cook published his views *Medico-Chirurgical Transactions*, Vol. XXXV., p. 153), now just twenty years ago, I have had many opportunities of seeing the results of this proceeding.

I am able confidently to state that it is wholly free from danger. Indeed, I can scarcely conceive death following as a direct result of the operation. So little fear of the proceeding had one of my patients that he has been tapped at least six times for the relief of fleeting attacks of retention, dependent on a rapidly distended bladder, unable to empty itself in the presence of long-standing organic stricture. I have seen him almost within a day or two afterwards as if nothing had occurred. Further no fistula remains, for the opening in the rectum invariably closes after a few weeks.

I have left in the silver canula for three weeks, and have not found any inconvenience from its presence ; indeed, it appears to me that one of the greatest arguments in favor of its adoption exists in the fact of the position of the canula, which, whilst certainly securing the emptying of the bladder, is wholly removed from the urethra. I am strongly myself of opinion that many urinary cases terminate fatally from urethral irritation, set going and kept up by an instrument retained in the canal in its length.

Some persons are very tolerant of tied-in catheters, whilst others, dependent on a certain idiosyncrasy, cannot sustain with impunity the simple introduction of an instrument. I saw a case in a young man which all but ended fatally from epileptic convulsions, induced by a first catheter; whilst the single introduction of a lithotrite in a man of 77 to measure a large smooth stone that had been carried with impunity for years, set up such an attack of cystitis that death ensued. I was very much impressed by a case in which a man, suffering from complete paralysis from the bladder downwards, owing to concussion of the spine, had a silver catheter tied to his bladder. He appeared sinking fast, and the most profound irritation of the bladder was established. I directed the urine to be drawn off every eight hours, and he began from that moment to amend, and ultimately recovered. Here, doubtless, the true explanation lay not in idiosyncrasy, but in the fact of the existence of disease from the injury. You may leave an instrument in the bladder for years from the perinæum, but you cannot do this with impunity and traverse the length of the urethra. Morbid sympathies become excited in connection with the urethra, which was not produced by the introduction of instruments into other mucous channels.

In what I have said, I have urged the adoption of tapping by the rectum, as affording assured relief to the most inveterate forms of stricture. And in considering the treatment of this disease, I have hitherto limited my observations to cases of stricture of the urethra *per se*, not to those complicated by retention of urine. I must equally urge it, however, as the remedy most reasonable for almost every form of retention. It is the absolute cure of spasmodic stricture; and if, in any case arising from this cause, after one good effort has been made to obtain relief by ordinary means, there is no success, it should be carried into effect. If retention be present with an impermeable urethra from organic stricture, a double necessity supports its selection, whilst I have yet to learn that it is inadmissible in the retention of old people from enlarged prostate. I know that it can be accomplished in these cases, but of course not so readily as if the rectum had only its ordinary contents; and I am quite satisfied that far less irritation would be produced in the majority of these diseases, where death so often directly results from the effects of instrumental measures, by the presence, at the most depending part of the bladder, of a harmless tube, calculated to secure the removal of all urine

secreted, and thus master that inevitable decomposition which is not overcome by any other method in use, for the simple reason that one and all fail to empty the bladder. If the membranous urethra bulge behind a stricture, or if an abscess opened in the perinæum suggest a ready path to the bladder, by all means let a female catheter effect, through the perinæum, what otherwise, I maintain, can be accomplished by the rectum.

Some years ago I asked the question, "Can the urethral canal be permanently restored whenever any complete and considerable portion of its length has been entirely destroyed?" I believe the answer must yet be "No." I had then a boy of sixteen, with at least two inches completely destroyed by burning; and, believing this, I established him with a silver perinæal tube, through which he now (aged 27) passes his urine without trouble; but there is nothing in the growth of the parts that tempts me to interfere, for I know the whole circle of the canal must be gone.

I think, however, that if only a streak of mucous membrane lingers about the part, an efficient connection can be re-established even after the lapse of many years.—*The Doctor.*

HABITUAL DRUNKARDS.—The *British Medical Journal* of June 29, contains the report of the select committee of the English House of Commons appointed to inquire into the best plan for the control and management of habitual drunkards, from which we make the following extracts:—

"In view of the absolute inadequacy of existing laws to check drunkenness, whether casual or constant, and in view of the fact that drunkenness is the prolific parent of crime, disease, and poverty, the committee recommend "that sanatoria, or reformatories for those who, notwithstanding the plainest considerations of health, interest, and duty, are given over to habits of intemperance so as to render them unable to control themselves, and incapable of managing their own affairs, or such as to render them in any way dangerous to themselves or others, should be provided. These should be divided into classes A and B; A, for those who are able, out of their own resources or out of those of their relations, to pay for the cost of their residence therein. These, whether promoted by private enterprise or by associ-

ations, can be profitably and successfully conducted. B, for those who are unable to contribute, or only partially. These must be established by state or local authorities, and at first at their cost; though there is good reason to believe that they can be made wholly or partially self-supporting.

"The admission to these institutions should be either voluntary or by committal. In either case, the persons entering should not be allowed to leave, except under conditions to be laid down; and the power to prevent their leaving should be by law conferred on the manager.

"The patients should be admitted either by their own act, or on application of their friends or relatives, under proper legal restrictions; or by the decision of a legal court of inquiry, whenever proof shall be given that the party cited is unable to control himself, and incapable of managing his affairs, or that his habits are such as to render him dangerous to himself or others."

The committee further recommend that the fine for drunkenness, for the first or second offence (when it is most desirable to prevent the formation of the habit) should not exceed forty shillings, or, in default thereof, imprisonment for a period not exceeding thirty days. "It is in evidence," the committee say, "as well as from those who have conducted and are still conducting reformatories for inebriates in Great Britain, as well as by those who are managers of institutions in America, that 'sanatoria,' or inebriate reformatories, are producing considerable good in affecting amendment and cures in those who have been treated in them." The average number of cures is stated to be from thirty-three to forty per cent. of the admissions,—this percentage being based upon subsequent inquiry, from which the cures appear to be as complete and permanent as in any other form of disease, mental or physical. The average time occupied in effecting these cures is stated at from twelve to sixteen weeks in America. For the English institutions the period has been longer. That the proportion of cures is not larger is attributed by all the witnesses to a lack of power to induce or compel the patient to submit to treatment for a longer period; and that power is asked for by every one who has had, or still has, charge of these institutions.—*Med. Times.*

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, NOVEMBER 1, 1872.

HYPODERMIC MEDICATION.

We are indebted to Dr. Alexander Wood, of Edinburgh, for the discovery and application of Hypodermic Medication. It was first used by him in 1843, in the treatment of a case of neuralgia, and for many years its use was confined to the treatment of this affection and morphine was the only agent so used. Wood believed that the remedy to be effectual should be localized, although he was well aware of its general effects on the system. Charles Hunter, of London, wrote an essay in 1859 on "the Hypodermic treatment of disease," in which he showed that localization of the injection was not necessary. He was an enthusiastic advocate of this plan of medication. From this time its use became very general throughout England and on the continent.

It was first used in America by the late Geo. T. Elliott of Bellevue Hospital, in a case of Sciatica. Since then it has been gradually growing in favor among the profession, and is now very extensively used. But notwithstanding this rapid advance and its many advantages over ordinary medication, there are still many practitioners who have never tried it and who do not think it possesses any advantages over the old way of giving medicine; some are prejudiced against it, and others regard it as an innovation or a novelty which is destined soon to be numbered among the things that were. It has, however,

in spite of all opposition assumed a wide range of application, both in the variety of diseased conditions to which it is applicable and the remedies used, and has taken its place as a standard means of great value to both the patient and practitioner in the relief of many painful and spasmodic diseases.

Remedies injected into the sub-cutaneous areolar tissue, have in most instances the same effect as when administered by the mouth. Some years ago a scientific committee was appointed by the chemical society of London, to report on the physiological and therapeutical effect of remedies administered subcutaneously, and they gave it as their opinion that no difference was observed in the effects of a remedy thus given, and by the stomach, except greater rapidity, certainty, and intensity of effect, and requiring a less amount to affect the system than when given in the ordinary way.

The agents thus used, being generally powerful in their nature, its application is not always unattended with danger, and therefore it is necessary to exercise care in its administration. Very great improvement has been made in the *instruments* now in use, and therefore nothing need be said regarding them further than that those with a graduated glass barrel are preferable, as it enables one to see the quantity used, and also to be sure that no air occupies the barrel. One of the greatest dangers of this method, except its use in Cardiac disease, is the risk of injecting air or the solution into a vein. This may always be avoided by pushing the needle through the integument, (which has been pinched up for that purpose on the breast, arm, or shoulder) to the extent of $\frac{3}{4}$ of an inch, and then withdrawing the point a short distance before injecting the solution. If air is drawn into the syringe in filling it, the instrument should be inverted, and the piston pushed in, till all the air is forced out.

Much of the success of this method of medication depends upon the purity of the medicines used, and the character of the solutions. The remedy should be in a perfect state of solution, and always filtered to remove any undissolved portions, as they are apt to give rise to the formation of small abscesses. The solution should not be too strongly acid or alkaline, and not too much concentrated. Pure distilled water only should be used, as a solvent, when practicable, and the solution should not be kept too long. We give below some of the formulæ in common use.

For Morphine, Magendie's solution is the best. It consists of

Morphiæ sulph. grs. xvj ; Aquæ dest. ʒj. Mix and filter. The dose is from 5 to 8 minims.

For Atropine ; R. Atropiæ sulph. gr. ss. ; Aquæ dest. ʒiij. Mix and filter. The average dose is 4 minims. If it is desired to combine these two remedies, one grain of atropine may be added to Magendie's solution ; of this five minims is the average dose.

For Strychnine ; R. Strychniæ sulph. gr. j ; Aquæ dest. ʒiij ; Acidi hydrochlor, gt. j. Mix and filter. Average dose five minims. It would be well to begin with a small dose and gradually increase.

For Quinine ; R. Quiniæ sulph. grs. xx ; Acidi sulph. aromat, ten minims ; Aquæ dest. ʒiij. Mix and filter. Nine minims equal one grain. This solution is more apt to cause abscess than the above, on account of its greater acidity.

For Calabar Bean ; R. Ext. calabar bean grs. ij. ; Aquæ dest. ʒj. Mix and filter. The average dose of this is 8 minims.

For Corrosive sublimate ; R. Hydrarg Bichlor gr. j. ; Aquæ dest., ʒij. Mix. Dose about 10 minims, and may be used every alternate day. It has been highly spoken of in the treatment of constitutional syphilis.

THE APPLICATION OF ELECTRICITY.

In continuation of this subject, referred to in our last number, we will offer some remarks on the application of Electricity. In Medical Electricity there are two principal methods of applying the current, termed respectively, General and Localized Electrization, with either the galvanic or faradic currents.

The object of general electrization is to bring the whole of the tissues and organs of the body under the influence of the electric current. This is usually done by placing the patient upon a metallic place to which the negative pole is attached, while the positive pole is applied to the surface of the body. For this purpose the faradic or secondary current is the one usually employed ; but the galvanic may sometimes be used with advantage, especially where the patient is not very susceptible to ordinary stimulation. For the application of the faradic current to the general surface, the operator's hand is preferable to the ordinary sponge electrode, especially when operating about sensitive parts, as the head and neck ; no

artificial electrode equals the human hand in flexibility and adaptation to the inequalities of the surface of the body, and excessively sensitive persons will bear this mode of application who could not tolerate it in any other way. Electricity is not a mere stimulant, the effects of which soon pass away, but it possesses tonic properties of the highest value in the treatment of various disorders.

In the treatment of various nervous and functional diseases in which excessive debility is the principal symptom, the tonic influence of general electrization is most decidedly manifest. It is exceedingly useful in all cases of exhaustion uncomplicated with organic disease.

Localized electrization has reference to the application of a current of electricity to special nerves, muscles and organs of the body, and a variety of electrodes of different shapes and sizes for localized electrization are adapted to the parts to which it is applied. The limits of the present article will not admit of our entering fully into the details of its application to all the various parts of the body to which it may be applied ; but we will indicate a few. In applying it to the head one pole may be placed upon the forehead, and the other over the occiput ; or a pole may be placed on either mastoid process or on either temple. Less dizziness is caused when the current passes from the forehead to the occiput than when it passes from side to side. Galvanization of the sympathetic may be readily effected in the cervical region by applying one of the electrodes over the 6th cervical vertebra, and the other in the auriculo-maxillary fossa. It is, however, impossible to exclusively localize the current in the great sympathetic ; the spinal cord is also affected in the above method. The spine may be galvanized by applying one pole a little below the occiput, and the other at the coccyx, or by placing an electrode on either side of the spine, one above the other, about 2 inches apart. Cutaneous faradization is accomplished by thoroughly drying the skin and applying the current by means of dry metallic electrodes, or by the hand. This method has been found extremely useful in conditions of profound cutaneous anæsthesia. The electric moxa is produced by applying rapidly to one part a dry and finely pointed electrode. It is frequently employed as a counter-irritant in obstinate cases of neuralgia.

MEDICAL ELECTION.

Owing to the non-appointment of a returning officer the election of a representative for the Territorial Division of Midland and York, did not take place last month as announced. This defect has been remedied by the appointment of Dr. Adlington, of Toronto, to that office. Thursday, the 7th inst., is the day fixed for the election to take place. The voting papers have been issued and are returnable on the above date.

CANDIDATES.—Dr. N. Agnew of this city, brother of the late representative for this Division, is a candidate for council honors, and meets with much favor, especially among those who most warmly supported his brother in the last election. He is well qualified for the position, and, if elected, will make an able and faithful representative. His election would also be a fitting recognition of the past service, and a grateful tribute to the memory of the late representative.

Dr. Bull of Weston has also announced himself as a candidate. He is well known to many in the riding, and will, no doubt, secure a large number of votes.

Dr. Hillary of Aurora, is also in the field, although rather late in announcing himself. He has a good number of friends both in the country and city who will accord him their support and influence. Other names have been mentioned, but as they have not announced themselves as candidates, it is unnecessary to refer to them.

ATTEMPTED SWIM FROM DOVER TO CALAIS.—Mr. Johnson, the Champion Swimmer of England, (*British Med. Journal*), made an attempt, during the month of August last, to swim across the British Channel, from Dover to Calais, in ten hours. The distance is about 40 miles, and would require the constant immersion of the body in the water for about six hours, swimming at the rate of seven miles an hour. The great difficulty was in resisting the prolonged exposure to cold in moving water. He remained only a little over an hour in the water, and had swum about seven miles when he became completely exhausted. He was unable to raise a basin to his mouth, and his lower extremities were benumbed and perfectly cold.

The temperature of the water being about 60 degrees F., and the heat of the body about 99 degrees, a continuous extraction of thirty-nine or forty degrees of heat would go on, so that physiologically speaking the feat is impossible unless some very ingenious means of supplying artificial heat were adopted.

A WORD TO THE ECLECTICS.—In another column will be found a letter from Dr. Muir of Merrickville—one of the Eclectic representatives of the Medical Council of Ontario—addressed to the Eclectic body in reference to the question of fusion with the general profession. This matter has for some time been under discussion and is gaining strength every day. The most intelligent members of that body are decidedly in favor of a movement of that kind. They can see plainly enough that it is of no use to hold out and struggle against the inevitable. They have no distinctive features either in theory or practice, and the perpetuation of a sect under such circumstances must be considered by every reasonable thinking man as a useless piece of legislation, and the sooner the law is repealed the better.

FOREIGN DIPLOMAS.—Dr. J. W. M'Laughlin, gold medalist of the University of Toronto, has passed his examination before the Royal College of Surgeons and Royal College of Physicians, and obtained the two diplomas.

Dr. John Fraser, of Victoria College, has also passed the examination before the Royal College of Physicians, Lond., and the College of Surgeons, Edin.

Dr. Lucas, a graduate of McGill College, has also passed a highly creditable examination before the Royal College of Surgeons, Eng., and the Royal Colleges of Surgeons and Physicians, Edin.

CANADA MEDICAL ASSOCIATION.—The next meeting will be held in St. John's, N. B., on the first Wednesday in August, '73. The following gentlemen have been appointed to deliver addresses at the next meeting :—Dr. Howard on Medicine. Dr. Hingston on Surgery. Dr. Hodder on Obstetrics. Dr. Botsford on Hygiene.

TREATMENT OF CANCRUM ORIS.—Dr. McGreevy (*British Medical Journal*) says : Of all the local remedies or applications he resorted to in such cases, he has never found any application so useful or so effective as hydrochloric acid. Neither nitric acid, nitrate of silver, nor chlorate of potash, nor any other remedy that he ever

tried or used, except hydrochloric acid, did he ever find to be of the least use to check cancrum oris. He has almost never found hydrochloric acid fail to check the progress of this dreadful disease at once, and bring on a most rapid and healthy action in the part. Nor does it cause so much pain or suffering to the little patient as one would suppose, seeing that the gangrenous spot is almost entirely without feeling at this time. This acid is easily applied to the ulcer by means of a feather or small camel-hair brush. He has cured many cases of cancrum oris by this means.

MEDICAL COUNCIL EXAMINATIONS.—The following gentlemen have successfully passed the matriculation examination prescribed by the Council of the College of Physicians and Surgeons of Ontario : John Hunter, Alfred C. Bowerman, Thomas Hobbly, Hugh Park, Walter Geikie, Alfred Bray, Alexander Fraser, Byron Field, Henry Minshall, Henry McCrea, William Kennedy, J. E. Reeve, W. J. Wilson, Sabin Stevenson, R. A. Earl.

DEATHS AMONG THE PROFESSION.—Frederick C. Skey, C.B., F.R.S., Consulting Surgeon St. Bartholomew's Hospital, London, England, on the 15th August 1872, aged 72. Alfred Poland, Esq., Lecturer on Clinical Surgery at Guy's Hospital, on the 21st August, 1872. Dr. T. C. A. Louis, of Paris, on the 23rd of August, at the advanced age of 86. Dr. Curran, of the Carmichael School of Medicine, Dublin, on the 21st of August.

ARTIFICIAL LIMBS AND ORTHOPÆDIC APPARATUS.—Mr. Authors, of Toronto, has shown us a case of the above appliances which he had on exhibition at the Provincial Fair, Hamilton, and for which he received *two first prizes*. It contains artificial arms, legs spinal brace, hip joint appliances, club-foot apparatus, &c., &c., all of which are of superior make, excellent quality, and beautifully finished, and do credit to Canadian skill and enterprise. Mr. Authors has received numerous testimonials from Medical men and others in Canada as to his skill and intelligence as a manufacturer of artificial appliances of various kinds. His work gives the most entire satisfaction.

IODIDE OF POTASSIUM IN CYANOSIS FROM NITRATE OF SILVER.—Dr. Vandell, of Louisville, in the *Medical Practitioner* reports two cases of the above affection, in which the discoloration was removed by the prolonged use of Iodide of Potassium. Its beneficial effects were accidentally observed by him in the treatment of syph-

ilis. Both cases had been treated for epilepsy in youth, by Nitrate or Silver ; and, having subsequently contracted syphilis, were being treated by Iodide of Potassium, and in both the stains gradually disappeared. Both patients were also treated by the moist mercurial bath during much of the time, and therefore he suggests the use of the vapor bath in connection with the Iodide of Potassium.

DELAY AFTER DISCHARGE OF LIQUOR AMNII.—Dr. Matthews Duncan read a paper at the Lond. Obst. Society, June 5th, on the above subject. A patient expected her confinement in June, 1872. On the 10th of March she had a copious discharge of liquor amnii, and slight irregular pains ; but labor did not set in until the 25th of April, making an interval of 45 days, during which time occasional gushes took place till labor came on. The child was born alive, but survived a very short time.

PYROSIS.—S. Thompson (*American Practitioner*) speaks highly of the administration of the saccharated solution of lime-water and milk in the treatment of pyrosis or water brash. Antacids are always attended with beneficial results. He gives the Liq calcis saccharati in the proportion of one drachm to the ounce of milk.

ARTIFICIAL MILK.—The following is the formula for preparing artificial milk, which was in such urgent requisition during the Siege of Paris. It has been called "siege milk." 47 grms. of sugar, 30 grms. of white of egg or gelatine, one part of warm water and about 1 grm. of carbonate of soda mixed with 60 grms. of pure oil, or fat obtained by frying. This when agitated forms a pasty fluid, and when mixed with an equal quantity of water forms a fluid resembling milk in appearance and chemical properties.

CHLOROFORM ADMINISTERED DURING SLEEP.—Dr. Whitmarsh in the *London Lancet* reports a case in which chloroform was administered during sleep. The patient was a child of about six years of age, upon whom the operation of circumcision was about to be performed. Evening was the time chosen for the operation, and when the surgeon arrived the child was asleep. The chloroform was administered and the operation performed—the patient not waking for half an hour after.

DENGUE.—Dengue "fever" prevails to an alarming extent in Madras, India. Special prayers have been offered up in all the churches for its abatement. Cholera is also on the increase in various parts of the country. The troops are suffering severely.

CORRESPONDENCE.

To the Editor of the CANADA LANCET.

Dear Sir,—Permit me to ask whether it is in accordance, or consistent, with the ethics and dignity of the medical profession for parties to advertize and hang up in Post Offices, Waiting Rooms, and other places of public resort, such cards as the following, which I copied as it hung before me; verbatim dimensions 12x10, or more, and in large type, reading thus:

R. TRACY, M. D.,

Physician and Surgeon, Belleville.

Special Attention given to diseases of Women and Children.

Office hours, 9 to 5. Residence, etc.

Now, sir, it may be my ignorance of things *medical* in Canada, or I may haply be hyper-critical, or may-be the medical fraternity of Belleville have, and observe, no ethics at all; but in England—and I presume you consider the Canadian a branch of the British medical profession—we consider all such clap-trap modes of advertising as *infra dig.* and scout all those practising such as alike unworthy the respect of the faculty, or the public, meeting besides, as they deserve, the castigation of the medical press.

To say the least, sir, it is setting a very bad example, besides establishing a precedent. And on this matter I have the honour to remain,

Yours enquiringly,

AN ENGLISH MEDICAL PRACTITIONER.

[We have also received several notes and extracts calling our attention to other instances of quackery; one in reference to a man in the County of Grey, who is practising without any license whatever, and another in reference to an Eclectic practitioner, in the County of Simcoe, who styles himself the *great physician*, and who is in the habit of issuing placards and large posters, in which he says, among other things, he will warrant a perfect cure in falling of the womb, *cancer*, *rheumatism*, etc.

With the former we have nothing to do; the law should meet his case. The latter is a legalized practitioner who has disgraced the profession, and who should be held up to public scorn and indignation. We fear, however, that remonstrance would be of no avail in his case, and the game would not be worth the powder.

We would like to see a clause incorporated in our Medical Act which would meet such cases as the above, giving the Council power to cancel the licence of any practitioner who disgraces the profession by such disreputable tricks.]

BOOK NOTICES.

THE SCIENCE AND PRACTICE OF MEDICINE, by Wm. Aitken, M. D. Edin., Professor of Pathology in the Army Medical School. The 3rd American from the 6th London edition. 2 large volumes. Philadelphia: Lindsay & Blakiston; Toronto: Copp, Clark & Co. Price, \$12.00.

We are much gratified by seeing a new and revised edition of this exhaustive work on the Practice of Medicine. The American publishers deserve much credit for their enterprise in so speedily furnishing a most creditable reprint of so valuable a work with all the additions the author has made to it.

The work bears marks of careful revision; while much has been added, a great deal on many subjects has been re-written. By this means the author has been able to incorporate all the latest additions to Pathology and Medicine in his work, and to say this is no small praise. Much is added in this edition to those parts of the work which treat of "Pathology and Morbid Anatomy," Throat and Laryngeal Diseases; the value of Temperature in Fever and other affections; the use of the Sphygmograph in Cardiac and other diseases; disorders of the Intellect and many other important subjects which we cannot notice here from want of space, are treated in a very full and able way.

Altogether the work is one of great value, without which no modern medical library can be considered at all complete.

ON THE GENERAL AND DIFFERENTIAL DIAGNOSIS OF OVARIAN TUMORS, with special reference to the operation of Ovariectomy, with 39 illustrations, by Washington L. Atlee, M. D. Philadelphia: J. B. Lippincott & Co.; Toronto: Adam, Stevenson & Co.

OVARIAN TUMORS, their Pathological Diagnosis and Treatment, especially by Ovariectomy, with 56 illustrations, by G. R. Peaslee, M. D., L. L. D., Professor of Gynæcology, Dartmouth College, &c., &c. New York: D. Appleton & Co.; Toronto: Willing & Williamson.

The former is a work of about 480 pages and the latter contains about 550. They are both eminently practical in their nature, carefully written, and well got up, and do credit alike to authors and publishers. In reference to the treatment of the pedicle Dr. Peaslee favors the use of the ligature in preference to the clamp. He uses a

flat silver tube, about 4 inches long, (like the scabbard of a sword), the open end of which projects through the abdominal incision, the other being in contact with the pedicle. This tube is also pierced by transverse holes about $\frac{1}{2}$ an inch apart. He transfixes the pedicle, at the same time passing the double ligature through one of the transverse openings in the tube, and then ties each half separately and brings one end of each ligature to the surface. A knife blade of peculiar form fits the tube and is used to divide the ligature whenever desirable. He does not consider it necessary to leave the ligature for more than 48 to 96 hours. The abdominal incision is closed by wire sutures about $\frac{1}{2}$ an inch apart. Dr. Atlee's work is devoted more to the general and differential diagnosis of ovarian tumors. The two books together will form a most useful work of reference on this interesting subject.

LEWIN ON THE TREATMENT OF SYPHILIS BY SUBCUTANEOUS SUBLIMATE INJECTIONS. With a Lithographic Plate, illustrating the mode and proper place of administering the Injections, and of the Syringe used for the purpose. Translated from the German. Price, \$2.25. Philadelphia: Lindsay & Blakiston; Toronto: Copp, Clark & Co.

CLYMER'S EPIDEMIC CEREBRO-SPINAL MENINGITIS. With a Map of the City of New York, showing the Localities of the Disease in that City, etc. Price, \$1.00. Philadelphia: Lindsay & Blakiston; Toronto: Copp, Clark & Co.

BLACK ON THE FUNCTIONAL DISEASES OF THE RENAL, URINARY, AND REPRODUCTIVE ORGANS, with a General View of Urinary Pathology. 8vo. Price, \$2.50. Philadelphia: Lindsay & Blakiston; Toronto: Copp, Clark & Co.

THE NATURE AND TREATMENT OF SYPHILIS AND GONORRHOEA, by Charles Robert Drysdale, M. D., M. R. C. P., M. R. C. S., Eng., &c., &c. London: Balliere, Tindall & Co.; Toronto: Adam, Stevenson & Co. Price, \$1.12 $\frac{1}{2}$.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION, Vol. 23, 1872. Toronto: Copp, Clark & Co.

ON RESPIRATORY MURMURS, a Pamphlet, by J. R. Leeming, of New York.

APPOINTMENTS.

Thomas Willmot, Esq., M. D., of Port Hastings, N. S., Coroner for the County of Inverness. James W. Smith, Esq., M. D., of Ashburn, Coroner for the County of Ontario. W. B. Towler, Esq.,

M. D., of the Village of Wingham, Associate Coroner for the County of Huron. George M. Alyesworth, Esq., M. D., of the Village of Gorrie, Associate Coroner for the Co. Huron. B. L. Bradley, Esq., M. D., of the Town of Woodstock, Associate Coroner for the County of Oxford. A. C. Sinclair, Esq., M. D., of the Village of Port Elgin, Associate Coroner for the Co. Bruce. S. Bridgland, Esq., M. D., of the Village of Bracebridge, Associate Coroner for the United Counties of Simcoe and Victoria.

Dr. Powell, of Victoria, B. C., has been appointed ~~Medical~~ Superintendent of Indian Affairs in that Province.

Dr. F. H. Wright, son of Dr. H. H. Wright, of this City, has been appointed Resident Physician of Victoria Park Hospital, London, England.

OBITUARY.

Died at Allahabad, India, on the 13th of Sept., Staff Assistant Surgeon, Dr. John Dickson, son of Dr. Dickson, Medical Superintendent of Rockwood Asylum.

Dr. Dickson graduated at Queen's College, Kingston, four years ago ; he went to England and was admitted a member of the Royal College of Surgeons, Lond., and Licentiate of the R. C. P., Edin. He was then about one year and a half House Surgeon of the Royal Free Hospital, London. About 18 months ago he successfully passed the competitive examination for the Army Medical Service and was only about a year in India when he died.

He was convalescing from Dengue Fever (a new disease there,) which weakened him and rendered him more susceptible of Cholera of which he became a victim.

General regret is felt at his untimely end, as he was a favourite with all who knew him, skilled in his profession, amiable in his manner and a perfect gentleman ; he is really a loss to the service, and the department to which he belonged.

Law Respecting Periodicals, Newspapers, &c.

1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions.

2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up ; and subscribers are held responsible for all numbers sent.

3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires.

4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. V.

DECEMBER, 1872.

No. 4.

Original Communications.

FIBRO-CYSTIC DISEASE OF THE RIGHT HALF OF THE
THYROID GLAND AND ITS REMOVAL.

BY EDWARD M. HODDER, M. D., F. R. C. S., ENGLAND,
*Professor of Obstetrics, Trinity College, Toronto, Consulting Surgeon
Toronto General Hospital, &c., &c., &c.*

Miss A., æt. 18, a very healthy and well grown young lady, first perceived a swelling at the side of the larynx, and nearly in a line with the thyroid cartilage, about two years and half ago.

It gave her no pain, yet, it increased rapidly for the first six months, at the end of which time it had acquired the size of a pullet's egg, it now remained stationary for a time, neither appearing to increase nor diminish, and during this period various means were used to promote absorption, the different preparations of Iodine and Lead being the principal.

Although it did not apparently increase in size outwardly, yet it must have done so towards the median line, as it pressed upon the œsophagus rendering deglutition both difficult and painful, and upon the larynx as it seriously affected the voice, making it husky, and preventing her from singing.

These symptoms gradually increasing, she was anxious for its removal, and consulted a medical man in the part of the country in which she resided. Supposing it to be a simple cyst, on the 10th of April, 1872, an operation was attempted, but, the surgeon in attendance finding the attachments much firmer and deeper seated than he expected, and having divided the external jugular vein at an early stage of the operation, wisely contented himself with cutting off the upper portion of the tumour, securing the vessels, and closing the wound.

The patient states that the portion removed was about the size of a hen's egg, *cystic*, containing a thick starchy substance; that there was much loss of blood during the operation, but none afterwards; that the ligatures came away in about three weeks, and the wound healed without suppuration. She remained well for about two months after the operation, when the tumour again began to grow, accompanied by sharp stinging pains, and her voice had never regained its former tone, although somewhat improved—now, as the tumour increases, the voice becomes more and more husky.

This young lady's mother was supposed to have ovarian tumour and was sent to me for operation, the daughter accompanying her mother to nurse and attend her.

Failing to detect any ovarian disease, no operation on the mother was required, but, the daughter thought it a good opportunity to get rid of a disease which greatly disfigured her, as well as producing much pain and inconvenience in respiration and deglutition.

After a very careful examination of the tumour, finding the upper and projecting portion very moveable, and not at first being able to trace any deep seated attachments, I, like the surgeon who had operated in April, could hardly believe that it was disease of the thyroid gland, but, upon a closer and more minute examination, and finding that it moved with the larynx, and from the history of the case, I made up my mind that it was fibro-cystic disease of the gland itself, and as the disease was increasing, and as it already pressed injuriously upon the œsophagus and larynx, I consented to remove it.

Oct. 31st, 1872. This day was fixed for the operation, and accompanied by my friends Drs. Temple and Cook, we proceeded to the house; and after another careful examination and consultation with my friends we decided upon its removal. Everything being ready, and chloroform given and watched carefully by Dr. Cook, I commenced

the incision downwards and forwards in the course of the cicatrix, to obviate greater deformity, and then directly downwards, and by careful dissection I soon exposed the upper and more projecting part of the diseased mass. I continued my dissection to the lower angle of the wound, and was ably assisted by Dr. Temple who retracted the more important vessels and nerves, so as to enable me to get to the pedicle or root of the gland. Although the body of the gland did not partake of the fibro-cystic condition of the upper and more projecting portion, yet it was very considerably enlarged, projecting backwards and inwards, pressing strongly upon the œsophagus, larynx, and upper part of the trachæa, and was very firmly attached to the lower and posterior border of the thyroid cartilage, and to the crico-thyroid membrane. During the latter part of the operation I was materially assisted by Dr. Temple seizing the body of the gland with a pair of toothed forceps, and drawing it outwards which enabled me to get at the root or firmest attachments.

Its removal required careful and minute dissection, and was effected in great measure by the finger and handle of the knife, with occasional touches of the blade.

There was a good deal of hæmorrhage during the operation, principally venous, but the external jugular having been divided in the first operation, I was saved from the risk of dividing that vessel. Two arteries, the superior and inferior thyroid, alone required ligatures, and a few twigs were twisted.

After the removal of the gland, the carotid, pneumogastric, œsophagus, the thyroid and cricoid cartilages were distinctly seen; the wound was left open until all oozing had ceased, and was then closed by several points of suture, a piece of dry lint, with a few strips of plaster and a bandage, completed the dressing.

I wish here to record my thanks to the two gentlemen who so ably assisted me, for short handed as we were, and a formidable operation, the difficulties would have been greatly increased, had they not anticipated every touch of the knife.

After the removal of the tumour it was found to be the right lobe of the thyroid gland entire, the upper half being about the size of an egg, and fibro-cystic in character, which formed the projecting portion, the cysts containing a grayish substance somewhat like sago in appearance and consistence, the upper and larger cyst having been torn by the forceps during its removal; the lower half, and that

portion which pressed upon the œsophagus and trachea, was about four inches long, and appeared healthy although very much hypertrophied.

Nov. 1st. She passed a quiet night but without sleep; voice feeble; deglutition painful and difficult; pulse quiet; no febrile excitement, no bleeding or pain in the wound.

Nov. 2nd and 3rd, doing well. 4th, removed the dressings, the lint was not even stained, and the wound was found to be completely united throughout.

Nov. 6th. The points of suture were removed to-day, union is perfect, no suppuration. The voice is somewhat restored, and all pain in swallowing has ceased.

Nov. 16th. Ligatures still firm, otherwise not a bad symptom. Her mother returns home to-day, and she has asked permission to accompany her, promising to come back the beginning of the week.

Nov. 20th. Ligatures still firm, in every other respect quite well.

Remarks.—I am induced to publish this case because the operation is one of rare occurrence, the majority of surgical writers not even hinting at the removal of this gland by the knife, the few who do, speak in the strongest manner against surgical interference; Gross says:—"If a surgeon should be so adventurous, or fool hardy, as to undertake the enterprise, I shall not envy his feelings, while engaged in the performance of it, or after he has completed it, should he be so fortunate as to do this. Every step he takes will be environed with difficulty, every stroke of his knife will be followed by a torrent of blood, and lucky will it be for him if his victim live long enough to enable him to finish his horrid butchery." * * * * *

"Thus whether we view this operation in relation to the difficulties which must necessarily attend its execution, or with reference to the severity of the subsequent inflammation, it is equally deserving of rebuke and condemnation. No honest and sensible surgeon, it seems to me, would ever engage in it."

In the case which I have given above the gland had taken on rapid growth, and it was a great deformity to a very fine looking girl; it was pressing injuriously upon the œsophagus and trachea, and in a short time would probably have seriously injured this young lady's health.

Although the removal by the knife is so strongly condemned by most surgeons, I considered the operation justifiable under the circumstances, and being urged by the patient and her mother, I consented to operate, rather than postpone it until the tumour had assumed gigantic proportions and thereby render the operation one of greater danger and severity.

This operation was not one of great severity, there was no great loss of blood, no vessels or nerves of any importance wounded, no great constitutional shock, it was not followed by any inflammation, no suppuration took place, the wound uniting throughout by the first intention. It was simply a careful dissection on the living body, where one false step might have been followed by serious, if not fatal consequences.

Three days after I had operated I received the November number of the *Canada Medical and Surgical Journal*, in which I see that Dr. Fenwick had, like myself, been "*fool hardy*" enough to remove a diseased thyroid gland of very large size, and with the most satisfactory result, and upon the success of which, I most heartily congratulate him.

If we always follow the doctrines laid down in books, we can never advance, we can never improve ; surgery requires an exploring mind, with a bold and steady hand, devoid of rashness, and guided by prudence and sound knowledge to accomplish such successes as are now daily seen, as in the operation for the excision of joints, ovariectomy, and others which but a few years ago were ridiculed and condemned, and considered as altogether unjustifiable.

I do not wish it to be inferred, that because Dr. Fenwick's case and my own were successful that I should advise every enlargement of the thyroid gland to be removed ; on the contrary, I consider it a very dangerous operation, and one which ought never to be attempted for the removal of the ordinary hypertrophied condition of the gland, commonly called goitre. Nevertheless the operation does not deserve the sweeping condemnation bestowed upon it by many surgical writers, but may be undertaken in certain diseased conditions, when from pressure upon important parts, the health of the individual is likely to be seriously affected.

I should strongly caution the younger members of the profession living in remote country towns and villages, from attempting the operation, unless assisted by a competent staff of practitioners

accustomed to operations ; and this remark applies equally to other serious and dangerous operations. Within this year I have had sent me from all parts of the country cases for ovariectomy, where no ovarian tumours existed, and many other surgical diseases, which, if any operation had been attempted, would have left the unfortunate sufferer a corpse upon the table.

NATURE AND TREATMENT OF VAGINISMUS.

BY DR. MACK, OF ST. CATHARINES.

(Read before the Medical Society, St. Catharines, July 3rd, 1872.)

This extremely annoying disease is so perfectly under the control of the Surgeon, that it should be placed among the well recognized forms of complaint, for which his resources are called upon. Efforts have been made of late to call in question the propriety of Sims or Simpson's operations, based doubtless upon cases of abuse.

Having operated, in all, about ten times, I would now submit a condensed history of two typical examples of the disease and its treatment.

Mrs. G., married 18 months, menstruation regular and normal except in being attended with some dorsal and hypogastric pain. Sexual intercourse extremely unpleasant and painful, yet tolerated, although with much repugnance ; her husband complained to Dr. M. that his married life had been very far indeed, from what he had expected it to be. Examination per vaginam proved to be very difficult from the great sensitiveness of the ostium vaginæ ; examination by the Speculum was not to be attempted without anæsthesia. The Carunculæ Myrtiformes and remains of the hymen were florid and large, but the seat of most exalted sensation appeared to be at the fourchette accompanied by spasm of the sphincter vaginæ. Examination under Chloroform shewed symptoms of endo-cervicitis.

The following day full insensibility having been produced, I introduced two fingers of my left hand, and having divaricated them so as to put the parts fully on the stretch, I made two incisions so that they should represent the letter Y, the oblique part of the incisions commencing about two inches up the vagina, about one inch from the mesial line along the posterior wall, dividing the mucous coat

and after being continued to within less than one inch from the perineal surface, then carried straight in the mesial line, and dividing the soft parts freely for about half an inch from the raphe perinei the same oblique portion of the incision was then made upon the opposite side.

Pledgets of Charpie soaked in a weak solution of Persulphate of Iron were placed in the incisions, and a compress secured by a T. bandage; the strictest quiet, and rest in bed were enjoined. Cold applications of lint, wet with iced water were kept up, the bladder being relieved every 8 hours by using the catheter. After forty-eight hours the dressings were removed, and one of Sims' glass dilators directed to be introduced occasionally, and retained for about two hours. Four days after the operation, the use of the dilators proving extremely painful, full anæsthesia having been induced again, the remains of the hymen were carefully and thoroughly removed by a small curved scissors. No hæmorrhage followed, and in about 24 hours the dilators could be tolerated. Two weeks after the first operation the local treatment for the inflammatory condition of the cervix uteri was commenced, and after about two months treatment a complete cure was affected, resulting in the birth of a healthy son in less than ten months. This case is one of the milder type, the next is a fair sample of the more severe forms of the disease.

Mrs. M. married about 3 years, without issue, declares that perfect connection has never been effected. Her husband has been morbid and unhappy, and the matrimonial alliance is likely to terminate in great misery for all parties. Examination per vaginam could not be thought of, the attempt was violently repelled by involuntary struggles. After inhalation of Chloroform, examination disclosed the hymen partially ruptured, and the entrance of the vagina rigid, and small as in the virgin state, keeping up the anæsthesia the incisions were at once made as already described, and then immediately the remains of the hymen were carefully dissected away. Persulphate of Iron was applied to the bleeding surfaces, and a small glass dilator was introduced and maintained by compress and bandage.

In 24 hours the dilator was removed, wet compresses applied, and 48 hours after the operation a larger dilator was introduced for about twelve hours. From this time, for about fourteen days, the dilators were inserted, gradually increasing their size at intervals of about two hours, and retained about two hours each period. At

speculum was then introduced, and local treatment directed to a slight endo-cervicitis which yielded in the space of six or seven weeks.

The lady returned to New York her residence, and in less than one year from that time, she gave birth to a fine healthy infant.

The first report of any treatment for this distressing neurosis is to be found in Burn's principles of midwifery where in the portion of his book assigned to describing the anatomy of the pelvis, and when treating of the pudic nerve it is stated: "The pudic nerve, after re-entering the pelvis gives off several small branches, which go to the obturator internus, sphincter ani and extremity of the rectum. It then divides into two. The trunk as it may be called, runs forward with the artery to the clitoris, covered as it proceeds along the rami of the pubis, by the erector.

The other division is distributed to the perineum and vagina. It approaches the vagina nearly in a line with its junction with the perineum, and sub-divides and ramifies on the end of that passage, but chiefly on its orifice.

This nerve is often preternaturally sensible, so as to cause great pain in coition as well as at other times. It may be exposed by cutting through the skin and fascia, at this side of the labium and perineum beginning in a line with the front of the vaginal orifice and carrying the incision back for two inches. The nerve being blended with cellular substance, is not easily seen in such an operation, but it may be divided by turning the blade of the knife and cutting through the vagina to its inner coat, but not injuring that. It may be more easily divided by cutting from the vagina. Slitting merely the orifice of the vagina will not do. We must carry the incision fully half an inch up from the orifice of the vagina, and also divide the mucous membrane freely in a lateral direction.

In another place he tells us that the sensitiveness is sometimes dependent on little tubercles or inflamed patches at the orifice, in which case, we may try the free application of nitrate of silver with or without scarification.

But if there be no tubercles, and especially if there be tightness at or within the orifice we must in one or more places divide the mucous coat, as high as there is anything like a band.

Dr. Neftel reports a case successfully treated by electricity. Dr. Mahend also in his book "*Sterilite chez la Femme*" reports a success from the same mode of treatment.

There are other cases of pain in coition, distinct from vaginismus which must be borne in mind, *e. g.*, painful affections of any of the parts adjacent to or contained in the vulva, inflammation of Bartholine's follicles.

The operation performed by me depends, I believe, wholly for success upon the after treatment, by keeping up dilatation for all of which we are indebted to the practical ingenuity of Dr. Marion Sims.

I wish to be clearly understood that I do not advocate the performance of this operation in all cases of vaginodynia indiscriminately, but in cases where it is not due to hysteria curable by constitutional measures, or to fissures and sores of the vulva, eruptions or neuromata, vaginitis or metritis in any of its forms capable of treatment locally or generally, or to tubercle of the meatus urinarius, but rather to those cases dependant upon spasm of the sphincter vaginae with an excessively irritable condition of the nervous filaments. Emmett divides the fibres of the sphincter, and the tense corded band usually to be found at some part of the vaginal wall.

I do not think that vaginismus depends wholly upon spasm of the sphincter vaginae, but upon pain in the fasciæ and muscles deriving sensation from the branches of the pudic nerve and which must, of necessity be divided and kept from re-uniting by the method of Sims'

Debout, Chamie and Muhon all recommend the operation as described by Burns. Simpson operated subcutaneously with a tenotome.

Menville de Pouseen recommends when the affection will not yield to constitutional and local mild remedies, cauterization of the inferior portion of the vaginal orifice. Lisfranc reports a case cured by bougie. I have seen balladonna, atropine and the glass dilators succeed, but in our devotion to conservative surgery, we must draw the distinction between that and no surgery, and remember that the cruelty lies in losing time and creating suffering from months of futile efforts at gradual or forcible dilatation or wearing out the patience of all concerned with quantities of medicaments consigned to the stomach, local baths, poultices or ointments.

Pregnancy would prove a sure remedy, but I think it unlikely that the indelicate proceedings of anæsthetising a woman and leaving her to the marital embrace, as reported by another practitioner would prove very difficult to reduce to general practice.

In conclusion I would state that with one exception the cases I have met with were found among that class of society in which the intellectual faculties are too often exercised at the expense or neglect of the physical.

MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

ST. CATHRINES, ONT., Tuesday, April 9th, 1872.

Dr. Goodman brought under the attention of the Society the unusual severity of the local and constitutional derangement following vaccination during the last few weeks, when, from the dread of a visitation from the epidemic, which has been so severely felt in the large cities, a sudden furore for this operation presented itself. In many instances a distressing gastric fever followed; eruptions of a vesicular and pustular form appeared on the extremities and body, and deep, sloughy, unhealthy ulcers, with fununcular spots, appeared upon the arm, at the site and the spot vaccinated.

Dr. Mack had remarked the same thing, and attributed it to bovine vaccination, more or less immediate; it was apparent in cases where constitutional debility was to be looked for, the local sores also occurred after the most careful mode of introducing the virus; he would like to know if the vaccine pustule was more benign when produced from lymph transferred from arm to arm.

Dr. Comfort was of the opinion that the moistened crust would be always found more irregular in its effect than the recent lymph, and he adduced an instance where the infection proved successful when conveyed from one arm to another, although he had failed with a reliable scab. In the low fever following vaccination he had witnessed symptoms of a desquamative process occurring throughout the mucous tissues.

Dr. Sullivan enquired if any definite opinion had been arrived at as to the validity of the virus, obtained from those who had been re-vaccinated.

Dr. Comfort preferred the infection from a child of good constitution and healthy family history; he had found re-vaccination succeed a second and even a third time, and he thought, in the presence of an epidemic, the surest plan would be to re-vaccinate until the characteristic pustule failed to be produced.

Dr. Alexander condemned vaccination with virus taken from an adult who had been re-vaccinated, and related an instance of a fatal case of the confluent form of the disease in a Medical student, who had not been vaccinated in infancy, but had been vaccinated from an

adult who had been re-vaccinated. The Dr. went on to say that the best results had followed in the management of an epidemic at Kingston some years ago, from the following treatment :—covering the face and neck with a mask, lined with a composition of carbolic acid, tallow, and lampblack, and the stimulating mode of treatment.

Dr. Grote advocated the application of undiluted carbolic acid to the pustules individually ; it was painless and prevented pitting.

Dr. Mack reported the following case. A young lady was brought to him with a large fluctuating tumour a little to the left of left sacro-iliac junction, and at the upper part near the crest of the ilium ; the integument was very thin, and the contents appeared to be fluid, and not much thicker than water.

The young lady's father was told that it probably was spina bifida, and that operative interference would be injudicious. He stated that the regular medical attendant from her birth had expressed an opinion that it was not spina bifida, and his readiness to "cut it out."

Dr. Mack told the father that the sac might be emptied by the use of a small trocar, and a more reliable decision could be aimed at.

The girl was brought by her parents to a boarding house, kept for the accommodation of invalids, and in the presence of Dr. Goodman and F. L. Mack, an exploring trocar was introduced into the tumour, and about 12 ounces of clear fluid, non-albuminous, was evacuated. The operation was followed by a remarkable hollow in the centre of the site of the tumour. No further operative interference was deemed advisable ; the fluid was reproduced to the full extent in 24 hours, and in 48 hours it was again evacuated. Slight tetanic symptoms in the extremities were manifested from the first, and an uncontrollable restlessness. Spontaneous evacuation of the cyst took place on the third day, and very serious symptoms made their appearance—rapid tense pulse, intense headache, occasional spasmodic contractions of the lower limbs,—no sensorial disturbance. On the morning of the fifth day she expired—no *post-mortem*.

Had not an early spontaneous or accidental rupture of the cyst been inevitable, he should have regretted consenting to interfere ; but, under the circumstances, the exploring trocar employed could not have hastened much the impending catastrophe, from rupture of the cyst. Dr. Sullivan had seen a case of large cysted spina-bifida in a volunteer, serving in the United States army, the ultimate result he could not report.

Dr. Mack reported a case of tumour complicating pregnancy and parturition, in which delivery was effected after cephalotomy.

Dr. Comfort brought under the notice of the Society three cases of intra-capsular fracture of the neck of the femur, occurring respectively, at the ages of 90, 70, and 65 ; they all recovered the powers of locomotion very well. In the discussion which ensued, it was maintained that only in the event of an error having been committed as to the nature of the fracture, could there be any purpose served by the employment of splints in such cases.

Dr. T. Mack reported the following case—An unmarried lady, aged about 32, consulted him under the following circumstances. Had suffered for 3 or 4 years from sacral pain to an extent to hinder her from taking any exercise. Menorrhagia to a most exhausting degree gradually supervening within the last two years, hysteriform neuropathia occurring from time to time. Vaginal and uterine exploration demonstrated retroversion, abundant opaline discharge from os uteri, and an admeasurement upon the sound of about $2\frac{3}{4}$ inches. Sea-tangle tents were introduced until sufficient dilatation had been effected, when a globular inelastic body could be plainly felt, having its lower attachment to the uterine wall posteriorly, a little more than one inch above the os externum ; the pedicle was evidently very broad, in fact as broad as it could be, and still receive the name of a pedicle at all. A sponge tent was left in to maintain dilatation, the vagina slightly packed with moistened cotton, and, upon the following day, assisted by Drs. Goodman and F. L. Mack, he proceeded to the removal of the mass, an operation which proved by no means simple or easy. Every effort to enclose it in the chain of the ecraséur, with the aid of Sims' adjusting branches, proving futile. He resorted to the wire instrument of Braxton Hicks. After much tedious manipulation the wire cord was tightened, close to the uterine wall, and by slowly turning the screw, the polypus was cut through and brought away ; the removal proved to be complete. Upon examination, the growth proved to be a sub-mucous tumour, or fibrous polypus, so called. No hemorrhage ensued, and a good and speedy recovery crowned his efforts. The tumour proved to be about the size of a hen's egg.

Dr. Sullivan alluded to a case of purpura following an attack of erysipelas ; he stated in connection therewith, that he had witnessed excellent effects in camp Scurvy from the liberal use of scraped raw

potatoes and vinegar among the prisoners of war, in the late civil war in the United States.

Dr. Mack had given in dyscrasia of a malarious origin lime juice and quinine with marked benefit.

Wednesday, July 3rd, 1872.

Dr. Mack desired to lay before the Society a preparation of mercury, obtained by acting upon the precipitate by albumen, from a solution of bi-chloride of mercury, with a solution of pepsin ; the reaction with sulphuretted hydrogen, plainly showed the presence of the mercurial compound.

Dr. Mack had prescribed it with benefit in a few cases, but could not say any more than to invite the attention of the gentlemen present to the mixture, and to request a trial for it.

Dr. Sullivan reported a case of cerebro-spinal meningitis successfully treated by calomel and quinine.

Dr. Goodman alluded to a case now under treatment in the General and Marine Hospital, apparently of typhoid fever, with a train of peculiar symptoms referable to periodical congestion of the spinal meninges. Inhalation of chloroform had in a very marked manner succeeded in relieving the neuralgia and spasmodic affection, attendant upon the exacerbations. This occurred after the total failure of narcotic and other measures to allay pain and procure sleep.

“ BARLEY ITCH.”

A young farmer in the Township of Kingston consulted me about a curious affection, to which he gave the name *Barley Itch*. Ever since he can remember it has been impossible for him to engage in harvesting or threshing barley without being covered with a very annoying eruption, being more annoying when sweating at work, or warm in bed. He feels more or less of it even after passing a field of ripening barley. Every Autumn he loses flesh wonderfully, this itch for about six weeks keeping him awake a good part of the night. The eruption seems to be more of the character of acne than anything else, but will yield, in point of irritability, to nothing that he has used and the remedies tried have been almost numberless. I have seen him but once—about ten days ago—but as the affection was new to me I thought I would ask your readers if they could give me any information on the subject.

M. D.

KINGSTON, Nov. 13th, 1872.

CORRESPONDENCE.

To the Editor of the Canada Lancet.

DEAR SIR,—I have long delayed laying before your professional readers my views in reference to the position our Body (the Eclectic) occupies in the College of Physicians and Surgeons of Ontario. It is true we have a right to elect five members as representatives in the Medical Council; apart from this there is little else for us to do, as will be seen by references hereinafter made, except to act in concert with the general movements of the Council, over which—were our representatives so disposed—we could exercise no control, from the fact that we are outnumbered. No cause has yet arisen in the workings of the Council to justify any opposition to its general movements by our representatives, for be it said to the honor of its members, our Body has been more than fairly dealt with, as we have been allowed from year to year to elect two members upon the Central Examining Board each year, but unfortunately for us to no purpose, as not a single student for the last three years, or during the existence of the present Ontario Medical Act, has manifested a desire to be examined in our (once) specialty, or desired to be registered by any other title than Mem. College of Physicians and Surgeons, Ontario, all making choice of one name, hence, all enjoying one professional faith. There is nothing inconsistent in this, as the features or codes of professional faith so peculiar in former days, dividing up the profession into three distinct Bodies, have most wisely passed away. Prior to 1869, the profession in Ontario consisted of three Bodies, each holding separate legal rights; the Allopathic Body, the Homœopathic Body, and the Eclectic Body, each body in former days adhering closely to its *pathy*, thus: Allopathy, derived from two Greek words, *allos* and *pathos*, “morbid condition;” the phraseology meaning *curatio contrariorum per contraria*, therapeutically meaning the institution of “a new morbid condition to remove the one that the patient might be suffering from.” Homœopathy, the direct opponent to the last named theory, is derived from the Greek *omoio**patheia*; *omoios*, like and *pathos*, affection, in common parlance, *similia similibus curantur*, thus meaning that the remedial agency used must be such as will produce a like affection in a healthy constitution, as the patient to be treated seemed to be labouring under. This doctrine, which is indeed very fanciful and

fraught with many excellent peculiarities, was known to our forefathers as well as to the profession of recent times. Gregory in his writings makes use of the following remarks : "*Mos medicine est ut aliquando similia similibus, aliquando contraria contrariis curet. Nam sæpe calida calidis, frigida frigidis, sæpe autem frigida calidis, calida frigidis sanare consuevit.*"

The last, but not least, of these Bodies in Ontario holding separate legal licensing powers prior to July 1869, is the Eclectic, which is not without its professional motto, being derived from the Greek, *eklektikos*, *ek* and *lego* meaning choosing or selecting, &c. Our emblem being *evaries sumendum est optimum*, thus meaning, choosing or selecting the "best therapeutics from all sources," which considered in the light of pathological chemistry, should be regarded as the *sine qua non* in the treatment of disease. But, since the first sitting of the Medical Council in July 1869, the representatives in the Council from the then Allopathic ranks, have with great propriety dropped that term and assumed a broader phraseology; viz., "The General Profession," embracing thereby all the general therapeutic views known to the Medical world; thus setting aside the creeds and dogmas, which once so strenuously kept the sects apart, and endeavouring to establish a system or rule of guidance for the profession, based upon reason and science, and which must inevitably be the desire of every scientific practitioner. As the profession now stands in Ontario, there is no difference existing between the Eclectics and the members of the "General Profession," with which we have been most courteously invited, and strenuously urged to unite, and that body of the profession has met us more than half way, having dropped its former name and assumed one unexceptionally *ours in faith*, to wit, the "general profession." In our union with the general profession we still secure equal rights and privileges and I can therefore see no cause for delay. This subject was carefully weighed by myself and Dr. Muir at the last meeting of the Council, when upon due deliberation, we thought it best to accept the terms offered by the members of the general profession, and announced in open council our willingness so to do. Since then I have received communications from the following gentlemen of our body, who readily and heartily concur in the course taken by myself and Dr. Muir and all are desirous of merging in the "General Profession." Their names are as follows : Dr. J. Sinclair, Delta ; Dr. B.

T. McGhie, Elgin ; Dr. A. Howard, Delta ; Dr. Gray, Seeley's Bay ; Dr. Clark, Portland ; Dr. Howey, Kemptville ; Dr. Edwards, Addison ; Dr. Chamberlain, Farmersville ; Dr. W. Kilborn, Bishop's Mills ; Dr. A. H. Kilborn, Russell ; Dr. J. Merrick, Merrickville ; Dr. Rose, Bond Head ; Dr. Lander, Frankville ; Dr. Gould, Newcastle ; Dr. Mott, Wyoming ; Dr. Bell, New Edinburgh ; Dr. R. Kenney, Farmersville ; Dr. H. Bates, West Branch, Cedar Co., Ill., the last two decline to register unless fusion takes place, on being notified of which they will at once Register.

These medical gentlemen (and there are many more in our ranks) imbued with a large progressive spirit, readily conceive, under existing circumstances, the advantages our Body would gain by merging in the "general profession" over our present position. In dropping the term "Eclectic," we are not coerced to adopt an old antagonistic one, which in former days was so diametrically opposed to our present or former views, but we merge in that august Body, "The General Profession," with perfect liberality on one side and immortal truth, untrammelled, on the other. If this is not meeting us more than half way, then I am disposed to say I am imbued with a spirit of unfairness and must confess that I have been impulsed to act by improper motives. But when I cast my eye upon the names of those gentlemen who have communicated with me, saying, "hold out," "press the subject of fusion," "stop not short of obtaining it," I should consider, were I to let this golden moment pass without expressing my views upon this all important subject that I was betraying my trust and no more worthy to act in the capacity of a representative in the Council. It gives me no chagrin to accept the term, member of the "General Profession." What in the name of common sense can a man ask for more liberal than this? And yet it is supreme! no prefixed adjective to lessen its value or narrow its proper import. I say in a word it is supreme! The Council has fixed or established the fact that on the event of our merging, the profession shall only be called the general profession, and each registered member shall be a member of the Col. Phys. & Surg., Ont. It does not preclude any registered member thereafter from styling himself whatever he pleases. He may say, I belong to the Allopathic School, the Homœopathic School, or the Eclectic School, or he may be more concise and style himself as "regular," "irregular," or *defective*, be this as he pleases. I am disposed to

leave the matter of choice to the member himself and allow the public to discern his merits, which I am inclined to think would place him in the last category. The Legislature, no doubt, intended that the Ontario Medical Act of 1869, should be the means of raising the standard of medical education, and elevating the status of the profession to a more respectable position. Our Body were then perfectly willing and also desirous of seeing the standard of education raised, and thus consented to the action of the Legislature. The Council established by the College of Physicians and Surgeons of Ontario, has dealt in more than a spirit of fairness, as each year it has placed two of our members upon the examining Board. The result after three years trial has proved to no purpose; no students have applied for an examination separate from that laid down by the "General Profession," and yet the Council has cheerfully paid those eclectic members each year for literally doing nothing. These expenses have to be borne by the student at a very considerable outlay. The paramount question now arises, how long will the Council suffer this to continue? for the students are becoming aroused to a sense of the injustice of the present arrangement. Again, should our Body desire to hold out and still retain its dwindling existence and wish the Council to appoint each year two eclectic members upon the Examining Board, it will unquestionably be the duty of the Council to institute measures to tax us with an annual assessment of from five to ten dollars to defray such expenses. So far our Body has no cause of complaint of the manner in which we have been treated by the Council. A Dominion Medical Act has been proposed, but it has been strenuously opposed by the Council. This, if allowed to pass, would in the language of my learned and esteemed friend Dr. Campbell, "snuff us out of existence." In conclusion I now ask, Mr. Editor, every registered practitioner belonging to us (for with none other can we deal) in the Province of Ontario, to write me at once and let me know each his own views in reference to merging in the General Profession, for without unity there can be no proper action taken. I have the honour to be,

Yours most respectfully.

S. S. CORNELL, M. D. M. M. C.

[To the Editor of the *Canada Lancet*.]

SIR,—

In the November number of the *Lancet*, I saw a letter in reference to a card of mine over signature of "English Practitioner." I was not aware that it contained anything contravening medical ethics, at the time I published it. However, if it did, I am sorry for it. I very much regret it, at least that it should be found so offensive as to lead any medical gentleman to review it in an article so replete with bitter invective. It is to be suspected that "English Practitioner" writes not for the benefit of the profession, but as if he had some personal motive in attacking me. I am as much opposed to quackery in all its forms, as he is; the truth of which my medical friends in Belleville can attest. But, as "English Practitioner" has assumed the censorship of the Profession in respect of Medical ethics, with all due deference to his superior knowledge and attainments, I send you his card, as published *verbatim* in three of our town papers, and leave the Profession to judge which contains the greatest amount of quackery, his card or mine.

DR. CLAPHAM,

(Of the Firm of Dorland & Clapham),

Member of the College of Physicians and Surgeons, Ontario. Licentiate of the Royal College of Physicians and Surgeons, Kingston, Canada. Registered Member of the Pharmaceutical Society's College (by examination), London, England. Formerly Student in the Edinburgh University, Scotland, (under Sir James Y. Simpson and Professor Syme, respectively, Physician, Accoucheur, and Surgeons to Her Majesty the Queen).

Eleve de l'Ecole de Medicin, Paris, France. Student aus der Universitaet, Berlin, Germany. Assistant Medical Officer for some time in the Hospital for Women and Children, Yorkshire, England. Staff Surgeon in the U. S. Army during the late War. Four years Professor of Anatomy, &c., Iowa University, U. S. Corresponding Secretary, Microscopic Society of America. Professor of Physiology, Hygiene, and Anatomy, Albert University, Belleville.

PHYSICIAN AND OPERATIVE SURGEON.

Residence—Pinnacle Street; lately occupied by Dr. Yeomans, near the Dafoe House. Office on Front Street as before, with Dr. Dorland.

"English Practitioner" paraded his card before the public con-

taining his numerous degrees and honorary titles ; not satisfied with that, he must needs tell the public where he was a student, and associate his name with the great Simpson and Syme of Edinburgh. The English language is not sufficient for his purpose ; he brings to his aid a little French and about as much German ; and all this we are to suppose is not done for effect. Oh, no ! However, we shall leave the Profession to judge which of us has used the more extraordinary means to procure business or to court notoriety.

Yours most respectfully,

ROBERT TRACEY.

Belleville, Nov. 12th, 1872.

THOUSANDS OF YEARS FROM TO-DAY.—Our facetious brother, Oliver Wendell Holmes, summons up a man of the year 18072, and asks a number of questions ; here are a few of them :

“Has any serious accident happened to the planet in the last thousand years ?”

“What is the present form of religious belief ?”

“What fuel is in use since coal gave out ?” &c., &c.

He suggests the asking of a great many other questions ; amongst them, it would be entertaining, if not profitable to enquire :

“How many articles of the *Materia Medica* of 1872 remain besides quinine, opium, mercury, ipecac, chloroform, iodide of potassium, and iron ?”

“When were the essential causes of malarial and zymotic diseases discovered ?”

“What diseases, besides those of the zymotic class are now considered essentially self-limited ?”

“When did the profession make it penal to resort to the use of the speculum uteri on insufficient cause, and when was poking uterine sounds and sponge tents into the uterus on all occasions forbidden by statute ?”

“How long did the homœopathic humbug last, and what humbug succeeded it ?”

“What placebos succeeded arsenic, witch-hazel, and carbolic acid, in the treatment of wounds and bruises ?”

“When was the procreation of the race regulated by law ?”

“Has the lancet been permanently cast aside ?”—*Clinic.*

Selected Articles.

PROTECTIVE POWER OF VACCINATION.

The following facts and figures were laid before the British Medical Association at its late meeting, by the Rev. Samuel Haughton, M.D., D.C.L. :—

“When I come to England, I am astonished to find intelligent persons in numbers who, for some reason, come forward publicly to oppose the process of vaccination. Some of these people express a strong doubt—an honest doubt—whether the mortality from smallpox is really as fearful as the doctors say. To get a proper basis of calculations as to the mortality from smallpox among unvaccinated persons, we must go back to the records of past generations in this and other countries; and we find this astonishing result, that from 60 to 70 in every 100 persons attacked by smallpox must die if not vaccinated. Some people have the idea that this is a bugaboo of the doctors, and that they need not necessarily die if not vaccinated. Of course it is impossible now to get the experience of an immense number of persons who have not been vaccinated, to give them the small-pox, and see how many would die. This experiment could not be easily carried out. Therefore I adopted another method. I took it for granted that the writers and records of the close of the last century were correct. The average which they gave was that 66 per cent. of every class—men, women, and children—must die if they had got the smallpox and were not vaccinated; whereas, of those who were attacked after being well vaccinated, the number of deaths was only 6.6 per cent. This reduction of the mortality from 66 to between 6 and 7 per cent. represents what vaccination has done. The value of vaccination is, therefore, established beyond the possibility of a doubt, and I think that this is a subject on which the medical profession should speak out. Should not Birmingham, with her literary men and newspapers, lead the public on this great question? I wrote to my friend Dr. Hayden, of the Mater Misericordiæ Hospital in Dublin, to send me the total number of smallpox cases treated there, and of the deaths; and I undertook, from these figures, to calculate the number of those who were vaccinated and those who were not. This forms a very simple problem in mathematics, of which I will not trouble you with more than the result attained.

From the figures sent me I calculated, though I had never seen a patient, that 120 of the cases treated at the hospital had not been vaccinated. I wrote to tell Dr. Hayden this, and he wrote back to say that the number recorded as known to be unvaccinated was 119. Since I have come to Birmingham, Mr. Woodley has kindly placed at my disposal all the information he possessed, and I hereby beg to tender him my warmest thanks for his courtesy. Although Birmingham has suffered what I cannot but regard as a most contemptible epidemic, the facts are strikingly illustrative of what, to my mind, is the truth of the principle which I am placing before you. Since the 18th November, 1871, there have been 1911 cases of smallpox, of which 262 have died. I leave out the cases remaining under treatment. I calculated from those figures that 230 persons in Birmingham who had been attacked with the disease had never been vaccinated. I found in Mr. Woolley's returns that the certainly non-vaccinated were 209, while doubtful cases numbered 44. Well, it was fair in such a case to split the difference and call it 22, and, as that suited my theory very well, I adopted it; and when I added them to the 209 it made 231, which was only one above my calculation. It is like the trick of a conjurer, walking into the town, asking the number of smallpox cases and deaths, never having seen the patients, and yet telling the people of the town how many were vaccinated and how many were not. Dr. Trench tells me that 1616 cases were treated in the Liverpool hospital; the deaths were 375; from that I calculated that the non-vaccinated cases numbered 451. The number actually recorded as non-vaccinated was 432, being 19 less; but I am perfectly certain that to those should be added several of those properly set down in the reports as doubtful. This opens up a problem highly interesting to the profession of medicine. As the mathematician in his closet can direct the astronomer in what part of the heavens and when to look for certain planets, so the progress of science and medicine can tell with certainty when and where certain districts will be attacked with epidemics. The records of the fearful epidemics and plagues of the middle ages have perished; the poor have perished with no man to regard them. Even the writings of Defoe may be searched in vain for any statistics of the great plague which would satisfy the demands of modern medical science. But, by examining into the records of our own times, we shall be able to read back the history of the epidemics of the past, the number and percentages of the mortality of those who suffered, who lie forgotten in their graves, and whose history no one has recorded."—*Brit. Med. Jour.*, Aug. 17, 1872.

ADDRESS ON MIDWIFERY.

BY DR. EVORY KENNEDY, LATE MASTER OF THE DUBLIN LYING-IN HOSPITAL.

Dr. Kennedy delivered the Address at the Opening of the Section on Midwifery, in which he related the following cases :—

CASE I. *Excision of part of neck of Uterus.*—Dr. Kitson, of—, brought a patient from the country, suffering from ulceration of the os uteri. The neck was enlarged considerably, and elongated, the ulcer, which impressed us both as presenting all the characters of malignancy, occupied about one-third of the neck. It had taken a rapid course, bled at intervals freely, and upon the slightest touch, and was attended with pain, sleeplessness, and marked constitutional disturbance. It was, however, circumscribed and limited to the part ulcerated; the remainder of the neck and os being healthy to the appearance and touch, although larger than natural. The lady had borne children. The part of the neck engaged extended from the posterior along the left side of the os, and the diseased structure appeared to occupy the entire substance of the wall. Under these circumstances the case promised little or nothing from the application of the ordinary caustics, and the choice appeared to lie between the free application of potassa fusa and excision. The latter was determined on; first, because of the limited extent of the part engaged; secondly, because of the apparent malignancy; thirdly, from the difficulty of destroying by the potassa the whole diseased structure, without extending its action to the adjoining vital parts. On the other hand, the diseased structure came well within our view; the neck was long, affording facilities for the use of the knife. The patient was placed on her back. The vaginal wall and labia were distended by my four brass tractors, firmly held by Dr. Hans Irvine, and Dr. Kitson. An ebony spatula, nine inches long, and half an inch broad, was introduced and placed within the os. This I held firmly in my left hand, whilst I introduced the scalpel which I now exhibit, which, you perceive has a handle seven inches long, while the blade is scimitar shaped. Cutting from without inwards towards the resisting spatula, commencing near the point of junction with the neck and body of the uterus, above the central part of the diseased structure, by two divaricating incisions Δ , a triangular section was removed. I was prepared to draw the uterus

down with the double tenaculum ; but this was unnecessary, from the perfect manner in which my assistants used their tractors. This allowed me the assistance and security of the spatula to cut upon It has occurred to me that, in a case where excision is preferred, and where the facilities I described do not exist, the spatula might be armed on the reverse side with two hooks, when it would perform the double office of uterine tractor and spatula, as necessary. The vagina was simply plugged with Ruspini's styptic. There was scarcely any hemorrhage. The patient recovered speedily and perfectly, and in about two years afterwards conceived and carried a living child to the full period. Her labour was easy and natural ; and I had an opportunity of examining her at an interval of several years afterwards, when she was quite well, and the uterus, with the exception of the loss of a portion of the neck, was perfectly sound.

CASE II. *Portion of Placenta thrown off during Pregnancy.*—

A lady, in the seventh month of her pregnancy, was seized with hemorrhage, ascribed to over-exertion. There were no labor pains. On examination, a portion of the placenta was found protruding through the os uteri. The hemorrhage continued for several days, but not to serious extent, and still there was no labor. At length, foetid grumous discharges mixed with a little blood, occurred, attended with sense of downward pressure. The portion of placenta descended lower in the vagina ; its connection with the interior of the os separated ; and I removed it with very little assistance. As no increase of hemorrhage occurred from this, I thought it was unnecessary to plug the vagina. The hemorrhage and discharge ceased, and the patient went on without any inconvenience, except the precaution of keeping the horizontal position for six weeks longer, when she was delivered of a living boy apparently at or near the full time. The edge of the placenta that remained could not be felt near the os, and the portion that came away consisted of the vascular structure without the reflected membranes. There was no discharge of liquor amnii until the labor set in.

I have already had the honor of calling your attention to some of the more rapidly destructive of puerperal diseases in a paper read for me, in my absence, by your secretary, at your Dublin meeting, under the head of purpuric puerperal fever. It is now my intention to allude briefly to other forms of blood-poisoning, but more

especially to puerperal arthritis and puerperal gangrene, premising that, when this disease shows itself, it is usually most rapid and unsparing in its onslaught, and no tissue in the body escapes its ravages.

CASE IV. *Puerperal Arthritis—Erosion of Cartilages of Elbow, Hip and Ankle Joints*.—Kenny, three weeks delivered after a difficult and protracted labor, was awakened from sleep in the night by an acute pain in the left groin. In the morning, she observed a swelling in the middle of the thigh, which at the end of two days had completely engaged the entire limb. The pain became less acute as the swelling increased, but never entirely subsided. Some days subsequently to the swelling of the thigh, she was seized with violent pain in the elbow, but did not perceive any swelling. All these symptoms progressively increased, notwithstanding frequent leeching, stuping, poulticing, opiates, and mercury. She was admitted into the hospital on January 28th, 1829; and on the 30th, there was an obscure sense of fluctuation over the outer third of the thigh. An incision was made into it, but no pus followed. On February 3d, she had a severe rigor; and on the 4th she died comatose. A *post mortem* examination was made twelve hours afterwards.

The cellular tissue throughout the entire thigh was filled with gelatinous lymph. An extensive abscess extended from nearly one extremity of the thigh to the other, between the periosteum and muscles. The muscles were pale and flabby, and appeared much softer than natural. About one inch of the upper part of the femoral vein contained pus; its inner tissue was vascular, but did not appear to have lymph upon its surface. The synovial membranes of the hip, knee, and ankle-joints, were filled with puriform matter. The cartilage covering the bones of the hip, appeared healthy; whilst that covering those of the knee and ankle was in part removed by absorption, particularly in the ankle, where scarcely a trace of cartilage could be detected. The uterus was vascular, and inclined towards the left side. The cartilage was removed altogether from the extremities of the bones forming the right elbow-joint. The viscera appeared healthy.—*British Med. Journal*.

THE DUTIES OF THE PROFESSION.

INTRODUCTORY LECTURE BY PROF. LEISHMAN, MED. DEPT.
UNIVERSITY OF GLASGOW.

We give below some extracts from the opening lecture delivered by Prof. Leishman, University of Glasgow, which will be read with interest and appreciation by many of our confreres :—

The duties of the medical profession are, as it is proper you should know even thus early, very onerous and often irksome. I have sometimes wondered, in these days of strikes, what would be the result if we were all to stand out for an eight-hours movement, knocking off work at five, spending the evening with our families, and enjoying unbroken rest during the hours of the night. Suppose we formed ourselves into a professor's union, and called out, let us suppose, the doctors of Glasgow by way of an experiment. The public might manage to get along for a limited period without lawyers—I would almost venture to assume they could manage to exist, for a week at least, without clergymen—(laughter)—but so soon as a person becomes ill, or fancies he is ill, nothing on earth will prevent him from sending for a doctor, without the slightest reference to the hour of the day or night. So that, from the 1st of January to the 31st of December, you must be content to remain at the call of the public, without one moment of intermission upon which you can depend—unless you do what every man ought to do, run away periodically from your work for a little relaxation. I see no indication in the future of a medical millennium. Nor do I believe that any of the new systems of political economy will benefit us in the slightest degree, as you must lay your account with an arduous life ; but there is one, and only one, way in which that life may be a perfectly happy and contented one, and that is what I have already alluded to—the love of work as work ; and that, I would have you remember, is a taste which if not developed now is not likely to be after you have begun to practice. * * * *

You do not require to be told that in the practice of medicine and surgery you cannot all attain an equal measure of success. And this would no doubt be the case were the whole matter left to what we call chance, or to the principal of natural selection. There are certain qualities, indeed, which may be said to command success ; but we do not always find that it is the best students or the most able men take the highest position, although their chance is certainly the best. Many of you, therefore, must be prepared to see men whom you know to be your inferiors taking precedence of you, and passing you in the race of life. This, which should in no way discourage you, may be the result of social connection or personal in-

fluence. Or it may even be, in some instances, the result of what it is difficult to define—some trick of manner, by which your friend is able to suck his cane or wipe his spectacles with an air which is supposed to indicate profound wisdom, and thus impose upon a too credulous public. Such things will always happen, and such may be one of the annoyances and disappointments which you must encounter before you attain success. But what, you may ask, constitutes professional success? From a pecuniary point of view, the highest success in our profession (with a very few exceptions) involves nothing more than a modest competency, but this a man of simple tastes and unblemished character may count upon, if only he is conscientious in his work. I have placed the case thus, in the first place, in its pecuniary aspect, not because it is the most important any more than it is the most attractive, but because I hold that a certain pecuniary position is essential to success. Although its incentive is doubtless a powerful one, one can scarcely expect sustained mental effort under the harrassing presence of a prolonged continuance of the *res angusta domi*, but, on the other hand, the man who looks to more sordid gain as the great object of life in a profession such as ours, is not envied in his success nor pitied in his failure. If you wish, therefore, critically to analyse professional success, you should look at it in the light of the motives which have swayed, and the means which, to this end, have been adopted. Notoriety and real professional eminence are two very different things, but each equally may command the vulgar element of success. If you will be satisfied with mere notoriety, you may possibly reach it by the exercises of petty expedients of various kinds, sensational writing, illustrated by apocryphal cases, busying yourself in public affairs, in the management of charitable and religious associations (occupations which, of course are only disreputable when employed as means to such an end). By such wily arts you may no doubt succeed; but what sort of success is it when reached? Have you that surest test of real eminence—the confidence of your professional brethren? Have you the approbation of your own consciences? Must you not in your heart of hearts recognize in yourself a miserable imposter—a peripatetic sham? Some of you may in this respect become callous in after years; but I am sure that now, while you still cling to the ingenuousness and honest aspirations of youth, such a course can have no charm for you, but must, on the contrary, excite feelings of disgust in your minds. No, gentlemen, above all things be honest, and abjure shams. I would conclude these observations, gentlemen, with the advice with which I began, that you should practice your profession as you should conduct your studies with a view to the happiness of your lives. And a very little thought will suffice to show you that this will best be done by cultivating a taste for what I have called honest, earnest work. If you do this, your vocation will be a source of entire pleasure to you, in-

stead of a daily toil ; your minds will expand under the influence of extended knowledge ; and your lot will be one, if not of brilliant success, at least of calm contentment. And, as time rolls on, and the advance of years brings you to the evening of life, you will be able to look back upon a career of conscientious duty, with a feeling of pride in the consciousness that you had fairly expended in the pursuit of your calling such talents as God had given you.

HYPODERMIC INJECTIONS OF QUINIA.—The salts of quinia, and especially the hydro-chlorate, says Dr. Otto, are not sufficiently soluble to be commonly employed in subcutaneous injections, and the surgeon can neither be sure of the dose required, nor of the rapidity of their action. He recommends the use of pure quinia dissolved in ether ; this solution is much less irritating than either the acid or alcoholic solutions. Quinia dissolves in ether in sufficient quantity to produce a prompt action, and to permit a considerable dose to be injected. The quinia should be dissolved in the ether, which should then be filtered and allowed to evaporate to some extent, so that a more concentrated solution may be obtained. The solution he uses contains, in about half a drachm, five grains of sulphate of quinia. Dr. Otto has never observed any local inflammation caused by the injection of this solution, and he has injected as much as five grains of the quinia at one time without finding any other inconveniences than those which ordinarily accompany large doses of quinia, such as buzzing in the ears. The injection of this quantity rapidly produces a depression of the temperature of the body amounting to 1° C. Hypodermic injections of quinia are particularly suitable to cases of puerperal fever, and those of purulent infection ; but they may also be employed with advantage in cases of intermittent fever.—*Practitioner*, Sept. 1872, from *Le Mouvement Medical*, June, 1872.

DIPHTHERITIC ALBUMINURIA.—R. Browning, L.R.C.P.L., in the *British Medical Journal* says : From what I have lately witnessed while watching two local epidemics of diphtheria, I am disposed to consider that albuminuria is present in nearly all cases. That its appearance is usually about the end of the first week after the diphtheri-

tie membrane is developed, though sometimes earlier more rarely later. Coexistently with its appearance, there is a notable diminution of the quantity of urine, and an increased excretion of urea; whilst lithates generally, tube casts, both granular and waxy frequently, blood corpuscles not seldom, and pus globules occasionally are found on examination of what is secreted. The urinary specific gravity mostly averages 1016, and the temperature of the body is, as a rule, 100.4 to 102 degrees.

The gravity of the prognosis increases in an equal ratio with the quantity of albumen existing in the urine, independent of the amount of throat affection or kidney disorganization, and an early or late discovery of albumen is of serious import. The local mischief attacking the pharynx, larynx or other structures, and paralysis sometimes occurring are entirely the result and symptomatic of a morbid poison affecting the general system, just as the sore throat of syphilis is the sequence of a blood disease previously contracted. Albuminuria in any quantity, is due to obstruction of circulation through the kidneys, caused by congestion of the malpighian tufts, this congestion being produced by paralysis of the nerves supplied to them; but a mere trace only of albumen arises either from pus or else blood which has casually entered the volume of urine. The indication of treatment is to remove this obstruction by overcoming the paralysis, and this is best accomplished by local faradization. Seven cases are reported in detail, two of which terminated fatally. In these two, no faradization was employed. The other five, which were all of a very serious nature, recovered after faradization had been resorted to. All were marked by unmistakable evidence of blood poisoning and albuminuria, with more or less suppression of urine. The treatment of all was conducted on the same principles, plus or minus the induction coil; the object aimed at being at first, during the premonitory symptoms, to regulate the secretions, and then to support the strength of the system in every possible way. My sheet anchor was the tincture of perchloride of iron, sometimes combined with glycerine, sometimes with chlorate of potash, and sometimes given *per se*. Stimulants and nourishment in every variety were supplied with no sparing hand. The customary topical medication was of course attended to. In some instances, the ordinary conductors fitted to most galvanized batteries; in others, "Etna's" were employed. Faradism was thus employed over the lumbar regions along the lower part of the spine, and as nearly as possible in the direction of the ureters.—*Duroit Review of Medicine.*

BLISTERS IN PNEUMONIA.—Dr. C. J. B. Williams, in speaking of pneumonia, says :—*American Practitioner*—“ My experience has taught me to put great faith in large blisters, both in asthenic pneumonia and bronchitis, and I am confident that I have seen many lives saved by their means. Instead of being lowering they give a salutary excitement to the circulation, and the copious serous discharge which proceeds from the skin tends to relieve the congested lung without wasting the red blood, that is so necessary to sustain the functions. Small blisters tease as much as large ones, and are far inferior in the relief they afford.”

NEW USE OF BARNES' DILATORS.—Mr. H. M. Morgan records (*British Medical Journal*) two cases in which he resorted to Barnes' dilators with advantage. The first was a case in which the waters broke early, and the os small and unyielding. Mr. M. thought that by making an artificial bag of waters, he would materially assist labor, so with some difficulty he managed to introduce Barnes' largest bag within the os by means of an uterine sound. When once it was there, it was easy to pump in nearly a pint of cold water; and the labor then progressed very well, each pain dilating the os by means of the artificial bag, quite in a natural way. The second case was one of miscarriage at the eighth month, with profuse hemorrhage, placenta prævia and unyielding os. Mr. M. ruptured the membranes with a stilette, and then, by means of a long pair of ovum forceps, he passed Barnes' largest bag (rolled up small) quite into the womb, and afterwards pumped into the bag nearly a pint of warm water. As she had no pain worth mentioning, he had given her forty minims of liquid extract of ergot before puncturing the membranes. As soon as he had filled the bag with water, he commenced dilating the os himself by drawing at the tube till his finger and thumb could reach the root of the tube in the vagina. The result was that in little more than five minutes, he pulled a soft bag as large as an ordinary new born child's head through the os; and then the vagina and perineum were gradually dilated in the same way until the bag came right away. He found the head presenting, and pains were coming on moderately; but, as there was no time to be lost, he preferred not to wait for nature to act; so with one hand internally and the other externally, he turned the child and brought a foot down, and soon

completed the labor with the aid of the patient's own pains and efforts. The placenta was expelled naturally, and the womb contracted well after it. Dilatation, he says, would not possibly have been accomplished so quickly, so easily, so painlessly and so safely by the hand. Moreover, this bag being pressed against the bleeding placental vessels in its passage through the os, compressed them and checked the hemorrhage in the same way as the head does in those cases where the pains are strong enough to keep it well pressed against the os.—*Am. Four. Med. Sciences.*

EUCALYPTUS GLOBULUS.—Prof. GUBLER, in a memoir published in the *Fourn. de Pharm. et de Chimie*, states that all parts of this tree are impregnated with an aromatic substance, most abundant in the young branches, flowers, and leaves. The febrifuge properties of the eucalyptus have been established by numerous observations. Under the name of “fever tree,” it constitutes, in Australia and the neighboring countries, the popular remedy against the prevailing fevers. The observations of a number of European physicians agree in placing its febrifuge powers in the most favorable light. Success in its use seems to be the rule, almost without exception, and it is in cases most rebellious to quinia and the other febrifuges that the leaves of the eucalyptus are reported to have produced the most remarkable results.

It would seem that these trees exert a marked hygienic influence wherever they are found. It is cited as a notorious fact that intermittent fevers are entirely unknown in regions favoured by their growth, whereas, in localities similar in respect to climate, soil, etc., but destitute of eucalyptus, the population is decimated by paludal fevers. It is generally supposed that the marsh miasms are neutralized by the aromatic emanation from the trees, but Prof. Gubler regards it as probable that the sanative results are to be in part attributed to the purifying effects of the offal of the foliage and the continually desquamating bark upon the stagnant waters. Of such waters travellers drink with impunity, whereas it is imprudent to drink from similar marshes not bordered by these trees.

Eucalyptus is employed as a stimulant and disinfectant dressing to wounds, and as an astringent and hæmostatic. It is useful in leucorrhœa; its success in this condition is attributed by Prof.

Gubler to its toxic effect upon the several infusoria which exist in the vaginal secretion.

The power of the active principle of the eucalyptus in preventing the development of cryptogams is remarkable. Solutions of the salts of morphia, strychnia, atropia, aconita, and eserina, for hypodermic injection, prepared with water distilled from eucalyptus leaves, retained their limpidity for several weeks, while other solutions prepared with pure water became turbid with confervoid flocculi in a few days.—*Medical News and Library.*

TRACHEOTOMY AFTER APPARENT DISSOLUTION.—John Wood F. R. S., at the close of a clinical lecture on tracheotomy, relates the following experience :

In conclusion, there is one point which it may happen to be important to keep in mind, and that is, the duty of completing these operations upon the windpipe, when once begun, in the face of every possible eventuality which may arise in the course of it, even up to and beyond the apparent death of the patient. In no case is the truth of the saying, "while there's life there's hope," more paramount than in operations to relieve suffocation, to which, as in cases of drowning, the higher truth may be almost applied that "beyond life there's hope." One of the most striking instances of resuscitation after apparent death during tracheotomy I have been lately witness to. A few weeks ago I was called in the middle of the night to the relief of a medical man, considerably beyond middle age, suffering from laryngitis combined with bronchitis. On hastening to his house, which was at a considerable distance from my own, I found Dr. Goddard, of Edgware road, in attendance, who had judged very rightly that an operation afforded the only remaining chance of relief from the very threatening symptoms presented by the poor patient, and had accordingly requested my assistance. A glance at the distressed countenance and the dusky lips and finger-nails, a hurried pressure of the failing pulse, a brief listening to the raucous laryngeal noise and heaving chest, deprived of vital air, led me, after a hasty consultation, fully to coincide in the imminent necessity of tracheotomy, with a view of at least prolonging life. While the rapid incisions were being made to expose the trachea, the patient suddenly ceased to breathe, the pulse stopped, the eyes rolled over

and seemed to become glazed, and after a brief spasm of the facial muscles, usually observable just before dissolution, all seemed to be stilled in death. A considerable obstacle was now met with in extensive and very hard ossification of the trachea, upon which the scalpel made little impression. With the words upon my lips, "I fear we are just too late," but remembering the maxim I have endeavored to impress upon you, I persevered notwithstanding, and by the exercise of considerable force, and by first converting the scalpel into and then using it in the fashion of a saw, I got through the hardened trachea and passed in the tube. After employing the usual methods of artificial respiration, we were in a few minutes encouraged by a gentle sigh of inspiration; and in less than a quarter of an hour the patient was sitting up in bed, breathing freely through the tube, expressing himself as comfortable as possible, and writing upon slate a professional criticism as to the urgent necessity of the operation and the dexterity of its performance.—*The Lancet.*

ON THE EARLY DIAGNOSIS OF TYPHOID FEVER.—Dr. P. W. Latham, Cambridge (*London Lancet*, June, 1872) in a clinical lecture on the subject, remarks as follows:

From the information the thermometer gives me, I fully endorse the following statement: 'The physician who judges of fever cases without taking note of the temperature, is like a blind man trying to find his way. With much practice and great intelligence, the blind man may succeed; but he will more frequently fail, and always do, only with great difficulty and unsatisfactorily, what to him who sees, requires no effort.

"Let me show you how far this is true." During the first four or five days, the general symptoms which may then, as I told you, accompany the disease—viz., the rigor, the languor and feebleness, headache, epistaxis, giddiness, pain in the back and aching of the limbs, the appearance of the tongue, the state of the bowels, the condition of the urine, etc.—may not be very distinct, or any of these morbid symptoms may be entirely absent. In a considerable number of cases, in fact, it would be impossible for you to say, without using the thermometer, whether the patient were suffering from typhoid fever or not. But the thermometric course of the

disease at this time, unless it supervenes on some other malady, is very regular ; and by taking the temperature at eight A. M. and six P. M. for three days, the presence of typhoid fever may be decided. On the other hand, one single observation may, with very great probability, negative the existence of the disease.

“ The following is the formula (from Wunderlich) of this initial stage :

		Morning.		Evening.
First day.....	98.6 deg.	Fahrenheit.	100.4 deg.	Fahrenheit.
Second day.....	99.4 “	“	101.4 “	“
Third day.....	100.4 “	“	102.6 “	“
Fourth day.....	101.6 “	“	104 “	“

“ If, then, a person, previously quite well, feels uneasy, perhaps has a rigor, and in the evening we find his temperature about 100.4 deg. or 101 deg. F., falling the next morning about a degree, rising again in the evening, and approximately following the above course, the disease may be diagnosed with tolerable certainty.”

THE CHARACTERS OF THE TRUE RESPIRATORY MURMUR :—
 Dr. James R. Leaming remarks as follows in his pamphlet on the above subject :—“ The ear accustomed to auscultation, after a few moments of concentration of the attention upon the respiratory murmur, will recognize its dual composition. If the chest be perfect in condition the tidal-air sound will be heard in inspiration only, soft and short, like breathing gently through the closed teeth, while the true respiratory murmur will be continuous, increasing in fulness in inspiration, and diminishing in expiration. It is of low pitch, and is like the roaring of the sea at a distance, the waves breaking on an even shore of sand ; or, better still, like the sound made by bees in cold weather, when the hive is tapped with the finger. It is like the innumerable vibration of the wings of bees, increasing to maximum in inspiration like the coming waves on the sea-shore, and decreasing in expiration as they recede. If the breath be held, this murmur may be heard without admixture, for there can be no bronchial murmur. The sound is the susurrus of the delicate muscular fibres of the true respiratory system, contracting and relaxing over the dilating and resisting residual air. If the breath be held after a full *inspiration*, the murmur will be at its maximum ; if it be held after *expiration*, it will be at its minimum fullness. It cannot be exaggerated,

as has been said of the so-called vesicular murmur. If the true respiratory system be unduly dilated it loses its power to contract on the residual air, and the murmur wholly ceases. This is a sign of emphysema, and is proof of the muscular cause or origin of sound, which may return again after rest."

"This murmur only commences to be developed in the child at eight years of age, becomes recognizable at twelve, but is only fully developed at maturity. A beginner in auscultation may recognize true respiratory murmur in a good subject with ease. But when the chest has lost its excellent quality as an acoustic chamber by physical changes, resulting from inflammation, or when, from disease of the lung, itself, the natural respiratory murmur has been altered or lost, or when the chest, although in its natural conditions, may be covered by thick and hardened muscles, the trained expert ear only can arrive at diagnostic truth."

A MODIFICATION OF THE OPERATION FOR PHYMOSIS.

BY HARRISON ALLEN, M.D., SURGEON, PHILADELPHIA HOSPITAL.

The modification proposed is based upon the truth of the following statements: 1. The glans penis lies obliquely backwards to the longitudinal axis of the penis. 2. Contraction of the preputial orifice, from chancres, scars, or other rarer conditions, may create phymosis independently of other causes; but, as a rule, acquired phymosis, particularly if it be complicated with venereal disease, is due to inflammatory thickening of the entire mucous layer. In such cases the glans is compressed, as with a rind, by a stiff, inelastic membrane. If there be much narrowing of the perputial chamber, the penis is jammed backwards in its sheath, and its frænum is made tense from a fixed point below, and lies obliquely upwards and backwards.

Writers have cautioned us, in selecting the method of Ricord, not to be guided by the outline of the glans penis as defined through the integument, else too much of the latter may be excised. But even when the operation is properly performed the incision imperfectly exposes the glans, thus making another incision through the

mucous layer necessary. Besides this, the frænum is liable to a mutilation by the first cut. This latter is an awkward occurrence, since union, under the best of circumstances, lingers about the frænum, and an undesirable bagginess of the integument at this point too often remains.

I have thus briefly indicated that the essential points of an operation for phymosis should be those which secure integrity of the frænum as well as the exemption from too free incision of the skin-layer of the prepuce.

The method of meeting these points is simple. Having first slit up the prepuce upon a grooved director,—thus permitting the penis to assume its normal position to the sheath, and the true relations between it and the foreskin to be accurately determined,—the operator takes a straight needle, of moderate size, and, arming it with a single strand of well-annealed silver wire, transfixes both layers of the foreskin about a fourth of an inch in advance of the corona. Before pushing the needle through, that portion of the foreskin in front of the needle is snipped off with the scissors,—sufficient tissue being reserved to bring the edges together,—when a twisted suture is effected. The needle is next inserted at a point midway to the frænum, and the same procedure repeated as in the first instance. In consequence of the redundancy of the skin about the frænum, the division of the mucous layer is best effected at that point before that of the skin. The scalpel is better than the scissors for this purpose. The skin should be removed by the latter instrument after transfixion. Two sutures introduced upon the opposite side, in the manner already given, complete the operation. Should the spaces between the wires gape, they may be approximated by silk threads. These may be removed within twenty-four hours. The silver wires should be retained a day longer.

It will at once be seen that the retraction of the skin-layer is prevented by transfixing the two layers at the same point before the removal of the integument. This, indeed, is the gist of the whole matter. The slitting of the prepuce, instead of being a mere expedient to remove pressure from a threatened glans, or to explore for a concealed chancre,—uses to which it is commonly restricted,—becomes a stage of the operation of circumcision. Moreover, it enables the operator to dispense with the use of the fenestrated forceps.

This operation has been performed by myself and others fourteen times, and has given entire satisfaction in every instance.—*Medical Times*.

RINGING THE DOCTOR'S BELL.—*The Medical Times and Gazette* of June 8, says, "Some time since, we published the case of a boy whose tooth had been extracted by a surgeon who had been annoyed by the young scapegrace pulling his bell as "a lark." An action was brought against the surgeon, and he had to pay damages. We have now to record a case somewhat similar, and in which the doctor was again made defendant in an action. At Burnley, last week, Dr. Dean, a member of the Town Council, and in large practice, was charged with unlawfully, maliciously, and feloniously applying a certain corrosive to the forehead of Louis Calverly, with intent to disfigure, etc. It appeared in evidence that about a fortnight since the boy went to the doctor's house to examine the bell-handle, which is in the shape of a closed fist. The bell rang; the defendant came out. He took the boy into the surgery, and wrote the word "Bell" on his forehead with caustic. The legal advisers on either side had a long consultation, the result of which was the withdrawal of the summons, on the defendant making an apology and paying costs. Undoubtedly in the two cases the defendants went far beyond the mark in the punishment they inflicted; but we believe no magistrates would convict a surgeon of an offence if he gave the runaway ringer a good horse-whipping. However, all things considered, we advise our brethren on no occasion to take the law into their own hands. Magistrates deal sharply with the silly and offensive people who ring doctors' bells for amusement. Only last week, Mr. May, an undergraduate of Trinity College, Cambridge, was charged at the police-court with ringing Dr. Ransome's bell in Jesus lane, and, notwithstanding an offer to apologize and a good character from his college tutor, he was fined forty shillings and costs.

HOW HOMŒOPATHIC CONVERTS ARE MADE.—The following amusing account of a conversion to homœopathy is taken from the *Boston Medical and Surgical Journal* of July 4:—

"Prof. Henderson, of Edinburgh, avowedly one of the leaders of homœopathy in Scotland, and before his adoption of the new practice a physician to the Edinburgh Infirmary and a Professor in the University, owed his medical conversion, it is said, to a curious incident. The story is attributed to the late Sir James Simpson. Dr. Henderson had been induced by Abercrombie to investigate the subject of

homœopathy, and he made certain researches which he mentioned in public as having struck him. Simpson, some time before that, had received from a well-known homœopathic chemist a case containing a set of phials filled with globules, which he had never used. These he said, he should be glad to hand over to Henderson, and the latter with pleasure accepted them. He used them, and was so struck with their effects that he declared himself convinced of the truth of the homœopathic doctrines. Unfortunately, it turned out too late that he had unwittingly deceived himself; for the case with its phials had long been a plaything for Simpson's children, who used to empty out the little globules into heaps and fill the phials indiscriminately.. It need hardly be said that this was not known to Simpson when he gave Henderson the case; but it became known to him afterwards, and he made Henderson aware of it. But Henderson had gone on too far to recede, even if he had desired to do so, and he became a declared practitioner of homœopathy.

TESTS FOR DETECTING STRYCHNIA.—The *Popular Science Review* states that Dr. Filhol, in a recent paper on this subject, maintains that strychnia should, in cases of poisoning, be obtained in the solid state; the alkalinity of its solution should be ascertained, as well as its intensely bitter taste; its behaviour with chlorine, and its blue coloration under the influence of sulphuric acid and oxidizing substances should also be seen; while, lastly, as a very delicate reaction, Dr. Filhol observes that with chloride of gold, strychnia (in solution) yields immediately a crystalline precipitate, which, although slowly, is yet distinctly formed in solutions containing one-tenth of a milligramme of the alkaloid. This precipitate and that formed by chlorine are at once dissolved by concentrated sulphuric acid, and chromic acid being added, the well-known blue coloration that strychnia yields with this last reagent is produced. The presence of alcohol in liquids to be tested for strychnia should be avoided.—*Lancet*, April 27th, 1872.

PROF. GROSS'S TREATMENT OF GOITRE.—Treatment will consist in stimulating the absorbent vessels, although the application of agents of too stimulating a character must be avoided, otherwise irritation will be produced, and the mass will be enlarged instead of diminished. The neck will be thoroughly washed at least once in

the twenty-four hours with hot water and soap, and immediately afterwards a portion of the following ointment will be applied to the surface of the tumor and well rubbed in :—

R Ung. hydrarg. biniodid 3 j. ;

Cerat simp. 3 vj. M.

The patient will take internally the *Liquor iodinii compositus*, gtt. viij., in sweetened water, three times daily.

A piece of thin flannel and oiled silk will be worn around the neck. The diet will be regulated and all red meats avoided. Six grains of blue mass in combination with a grain of ipecac will be given now and then at bedtime to regulate the secretions.—*New Remedies*.

A SIMPLE METHOD OF ARRESTING EPISTAXIS.—Dr. Roland G. Curtin says (*Phil. Med. Times*), Dr. Albert H. Smith, in order to soften the nasal mucus of children in the nostrils, recommends the introduction of lard upon a small roll of fine linen wrapped like an ordinary lamplighter.

It occurred to me, in a case of epistaxis, that a similar roll of paper, moistened with water and coated with the dry tannic acid, inserted into the nose, might be of service. I tried it, with immediate success.

I have since found that old linen answers the purpose better than paper applied as above, as it makes a better carrier, being softer, more flexible, and less liable to break down through excess of moisture. I have also found that the powder adheres better if soft lard be used instead of water.

I have tried this repeatedly with uniform success, and believe, if it were resorted to, that the disagreeable operation of plugging would seldom be found necessary.—*New Remedies*.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. A Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

TORONTO, DECEMBER 2, 1872.

VALUE OF EXPERT TESTIMONY.

This subject is pressing itself upon the attention of the authorities both in the profession of law and medicine. Several cases which have come before the Courts lately in Canada and in the United States, teach the important fact that something more is needed than exists at present, with a view to establish the value of expert testimony in courts of law. An expert is one who has gained a thorough knowledge of a subject ; at least, who is master of all that is known upon the subject. This knowledge may be gained in various ways. It is generally acknowledged that those who have had peculiar advantages in Hospitals, Asylums and other public institutions are better qualified to act as experts than those who have not had such favourable opportunities. This is generally true, but not necessarily so ; on the contrary there are many who are better experts, after seeing a few cases of insanity, or performing a few surgical operations, than some who have spent years in Hospitals and Asylums.

At a casual glance it may seem very fair to have both sides of a question examined ; but to permit either side to bring forward experts to testify in their especial interest is the worst possible way to gain the ends of justice and truth. *Common* and *expert* testimony are very distinct ; the one refers to the incidents which have occurred in reference to the case, the other to *opinions* offered upon the evidence or a hypothetical case.

In a matter of opinion upon the evidence adduced in any particular case, differences are sure to arise on some point or points, hence this is used as an argument for bringing opposing testimony to bear upon the case. This goes to the jury—in most instances an illiterate class of men—and they are supposed to decide the matter about which the experts could not agree when examined separately in the witness box.

The jury are the judges of *the facts* and law in the case elicited by common testimony, but they cannot be expected to decide on matters touching the opinion of expert testimony. It would therefore be a great improvement upon the present mode of conducting these cases to have a *corps of experts* appointed to examine and report upon the case; and this report should be considered final as regards the expert testimony. They would have time to investigate the case carefully, weigh the evidence well, and arrive at a more satisfactory conclusion than any one could be expected to do in a witness box. Many facts may be brought out during a cross-examination, which may alter the complexion of the case and require the modification of an opinion previously expressed, and without a moment's notice, while badgered and browbeaten by an impudent attorney, one is expected to deliver matured views and opinions upon matters that may require thought and study. This is manifestly unfair and can only be remedied in the way we have suggested. The common testimony of the law in the case alone should be decided by the jury, and if experts are called, let it be acknowledged by an acquiescence in their opinions.

AMENDMENTS TO THE MEDICAL ACT.

At the last meeting of the Council of the College of Physicians and Surgeons in July, a committee was appointed to draft amendments to the Ontario Medical Act to be submitted to the legislature at its next session. The time is gradually approaching when the legislature may be expected to meet, but we have not yet heard that this committee has been called together, or that any steps have been taken to prepare the amendments to be laid before that body. Some of the proposed amendments are of considerable importance, and it

is only right and proper that they should be not only prepared with the utmost care and attention, but they should also be ready for distribution among the members of the profession some time previously in order to give an opportunity for discussion and a free and full expression of opinion concerning them.

One of the clauses of the contemplated amendments proposes an annual assessment on the members of the profession of two dollars each for the support of the Council. This is not to be thought of however, unless the committee is able at the same time to secure the passage of a stringent penal clause, thus giving the profession as it were a *quid pro quo* in the shape of protection against unlicensed practitioners. There can be no reasonable objection to the payment of a small annual tax, such as is proposed, provided the profession is thoroughly protected against all kinds of quackery. It is also proposed that each member of the College shall receive annually a copy of the *Medical Register* which will contain, besides the names of the registered practitioners, a copy of the Act and other useful information. This of itself will be worth half the amount of the annual assessment. It is expected that by means of this assessment sufficient funds will be raised annually to meet the working expenses of the Council, without taxing the Students so heavily as at present. The Council will also be enabled to establish a sinking fund for the purpose of securing a Hall in which to hold its annual meetings, examinations, etc., etc. The object the Council has in view is well worthy the kind consideration and support of the whole profession. The incorporation of the proposed amendments will assist in arousing a closer sympathy between the Council and the profession, and strengthen the bond of union among the various members of the craft in Ontario.

MEETING OF THE ECLECTIC MEDICAL SOCIETY.

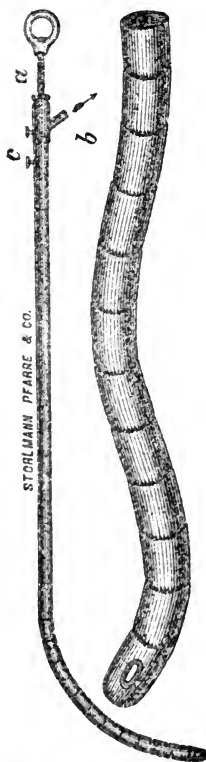
A meeting of the above Society was held in this city on the 29th of October, pursuant to notice, "to take into consideration the present state and prospects of the Eclectic School of Medicine in Ontario." Dr. Bell of New Edinburgh, President of the Society was in the chair, and Dr. Bogart was appointed Secretary in the place of Dr. Hollingshead who had resigned. Many subjects of interest, bearing upon the prospects of the Eclectic School were discussed,

and the following important resolutions were carried unanimously, except two dissentient votes to fourth resolution :—1. Resolved that while recognizing the advances which the General School of Medicine has made towards adopting the remedies and principles of practice of the Eclectic School, the time has not yet arrived to give up our distinctive name, and position, as a separate branch of the medical profession in Ontario. 2. That the Ontario Medical Act has fully recognized the rights of the Eclectic School to separate representation in the Council, and that these rights should be maintained to the fullest extent by our representatives. 3. That under the Medical Act we are on a perfect equality with other branches of the profession and that no advantage would accrue to our School from a surrender of our individuality. 4. That Drs. Cornell and Muir, by their conduct, have altogether forfeited their right to continue as our representatives, and that they be forthwith called upon to resign their position in the Council. 5. That these resolutions be communicated to Drs. Cornell and Muir, and that immediate steps be taken to carry them into effect. In addition to the votes of those present, the Secretary brought forward upwards of thirty letters which he had received from members of the Eclectic Society expressing their cordial concurrence in the above resolutions.—*Globe*.

We have been requested to publish the above report of the proceedings of the Eclectic Medical Society. We may say however that this is the first intimation that we have had of the existence of the above Society, and were not aware that such a meeting was in contemplation. As to whether it was largely attended or not we are not in a position to say definitely, but we have reason to apprehend that the attendance was rather sparse, and that the resolutions were all ready cut and dried for the occasion ; besides we fancy (whether rightly or wrongly) from the style and character of some of the resolutions that a very prominent member of the Homœopathic School had a hand in the business. Be this as it may, one thing is certain the Eclectic body can not long hold out in its present anomalous position. Those of them who have not sufficient foresight to see that the tendency of their present relationship will be to extinguish them, and that too, in a very short time, must just be left to find it out, argument would be wasted upon them. Under existing circumstances therefore, we do not feel disposed to lift our finger one iota more than we have done, with a view to urge them to accept the terms we offer. Nothing can be fairer or more reasonable, and if they choose to continue in their present forlorn condition under the wing of the leader of the Homœopathists, we are content to leave

them there. Some of the resolutions are remarkably refreshing, but it is very doubtful whether they will secure the object their framers have in view. With regard to Drs. Cornell and Muir we think we can safely say that they will not resign their position in the Council at the bidding of the minority of their representatives however respectable and influential they may be.

NEW INSTRUMENTS.



We give a wood-cut representation of a segmented catheter, devised by Dr. Squires, of Brooklin, New York. It consists of a series of hollow silver discs, made smaller at one end than the other, so as to fit into one another like a number of cups or tumblers. These are held together by a chain running through the series. This is tightened or loosened by means of a screw situated at the outer extremity. The instrument is shown in its ordinary position; but by loosening the screw "a" it becomes as limber as the vertebræ of a snake. This enables it to find its way readily into the bladder no matter how tortuous the urethra may be. By tightening the screw "a" it becomes as rigid as an ordinary silver catheter. A rubber hose may be attached at "b." Dr. Sayre, of Bellevue Hospital Medical College, has applied this principle to a Nelaton probe. It is called the vertebrated probe, and is exceedingly useful in detecting dead bone where it is deep seated and the sinuses are very tortuous. The advantages of both these instruments are too apparent to require any comment. They are manufactured

by George Tiemann & Co., New York.

TORONTO GENERAL HOSPITAL.—The arrangements entered into by the various medical schools in this city, for the regular delivery of Clinical Lectures in the Hospital four times a week, during the continuance of the winter session, is giving the most entire satisfaction to the students in attendance, and will no doubt be the means of drawing larger classes in the future than have attended in the past. With a liberality which is praiseworthy, the trustees have ordered the issue of perpetual tickets for the moderate sum of ten dollars each, thus affording the utmost facilities to students for continued attendance at the Hospital from year to year during their academic course. The thanks of the medical faculty of Toronto, and also of the students of the various schools are due to the trustees, for their kind assistance and active co-operation in carrying to so successful a result this much needed reform in medical education. There is only one point which now remains to make it a complete success, and that is sufficient means to enable the Hospital to increase the amount of clinical material by the admission of a larger number of patients from all parts of the country. It is to be hoped that the local legislature will at its approaching session make such provision as will place this deserving charity upon a more satisfactory basis in this respect.

NOTES AND COMMENTS.

CHLORAL HYDRATE IN TRAUMATIC TETANUS.—In the *Brit. Med. Journal* for Nov., Dr. Lovegrove records a case of recovery from traumatic tetanus by the use of chloral hydrate. The patient received a severe injury to the knee by the passing of a loaded waggon over it. Opium was at first administered to relieve pain and procure rest, but when tetanic symptoms set in, chloral was substituted with the results above mentioned.

ILL HEALTH OF DR. DRUITT.—It is stated in the *Brit. Med. Journal* that Dr. Druitt, the well known author of a work on Surgery, and editor of the *Medical Times and Gazette*, is compelled by reason of ill health to retire for two years to a more genial clime. A subscription with a view to the public recognition of his eminent services is proposed.

ABDOMINAL ANEURISM CURED BY AORTIC COMPRESSION.—

In the *London Lancet* of April 20 Dr. Walter Moxon reports a case of abdominal aneurism cured by Mr. Durham and himself, by compressing the aorta on the proximal side by means of Lister's abdominal tourniquet, the pad of which was adjusted and screwed down until all femoral pulsation ceased. Compression was steadily maintained for ten hours and a half, the patient being kept under chloroform. No severe constitutional or local symptoms followed. The aneurism after a few hours commenced to pulsate anew, but remained smaller and harder, and gradually grew smaller, so that at the end of a month all pulsation had ceased in it as well as in the femoral.

CARBOLIC ACID IN WHOOPING-COUGH.—Dr. C. Glen Bott *Med.*

Times and Gazette, June 29, 1872, has found carbolic acid to have wonderful power in arresting whooping-cough. He gives $\frac{1}{24}$ to $\frac{1}{36}$ of a drop freely diluted with water every four hours to a child eight years old, or in some cases $\frac{1}{8}$ of a drop three times a day to a child four years old.

TREATMENT OF HEMORRHOIDS.—Hemorrhoids, connected with

with prolapsus, were successfully operated upon by the application of nitric acid some thirty years ago by Dr. Houston of Dublin. The method found great favor at the time, but has been somewhat displaced by the ligature. Billroth, of Vienna, has of late revived Houston's operation, and reports excellent results, especially in those cases where frequent and dangerous hemorrhage had occurred.

MEDICINAL VIRTUES OF EUCALYPTUS.—Dr. Wooster says

(*Pacific Med. and Surg. Journ.*): —he has now used some gallons of this extract during a period of eight months in the U. S. Marine Hospital, and is surprised at its uniform and reliable effects in affections for which it is suitable. It is a diuretic of rare virtue, and may be administered when most of the diuretics in common use are inadmissible. It is an aromatic tonic, and has notable restorative effects in low states of the system, as in typhoid fever, typhoid diarrhoea, and dysentery. In vesical catarrh it alone cures. In spasmodic stricture it relieves with great promptness. In all affections of the mucous membranes its beneficial action is remarkable. He has treated many cases of acute gonorrhoea with no other remedy. It is also very useful externally in chronic ulcers.

MEDICAL ELECTION.—Dr. Hillary of Aurora has been elected to fill the vacancy caused by the death of Dr. Agnew as the Representative of the territorial division of Midland and York in the College of Physicians and Surgeons Ont.

DEATH.—In Hamilton on the 15th ult., JOHN MACAULEY HAMILTON, M.D., R. N., aged 72 years.

CORONERS.—Wm. Rear Esq., M. D. of Oakwood, to be an Associate Coroner for the County of-Victoria. Wm. Freeman Esq. M. D., of Georgetown, to be an Associate Coroner for the County of Halton. J. A. MacDonell, of Thunder Bay, to be an Associate Coroner for the district of Algoma.

A MAGNIFICENT FEE.—Sir William Gull the eminent London Physician who was one of the attendants on the Prince of Wales during his illness, received a fee of four thousand dollars for one visit to Cork to see the Hon. R. R. Vernay, Lieutenant in the 52nd regiment who was ill with a fever. Dr. Gull's consulting practice is worth £25,000 a year, the largest of any physician in the world.

BULLOCK'S BLOOD IN ANAEMIA AND PHTHISIS.—Bullock's blood is now the fashionable remedy among the Parisians for anæmia and phthisis. The young ladies take it with great facility, and many say they prefer it to cod liver oil. For the more fastidious, however, a pharmacein has prepared an extract of blood which is administered in the form of pills; three grains of this extract is said to represent about half an ounce of pure blood. Many cases of anæmia have been cured by this blood treatment, and some phthisical patients greatly benefitted, at least as much as they would have been under cod liver oil.

MAGENDIE'S SOLUTION OF MORPHINE.—In the last number of the *Lancet* we gave the formula for the above solution, but by a mistake of the printer the symbol ℥ was put for ℥ as the quantity of water to be used. The strength is two grains to the drachm, and for ordinary use the latter quantity is sufficient to prepare at a time. The morphine is also more readily dissolved by the application of gentle heat.

BOSTON FIRE.—We have been requested to state that the firm of Codman & Shurtleff, instrument makers, Boston, have not suffered from the late fire, and are prepared to fill all orders, for instruments and appliances as usual.

AMPUTATION OF ALL THE EXTREMITIES.—Mention is made in the *British Medical Journal* of Oct. 5th, of a young woman named Robertson, whose hands and feet became gangrenous as a result of embolism. The whole of the extremities were amputated by Dr. Begg, of Dundee. This occurred in the autumn of 1869. Very ingenious appliances have been made for her by Mr. Heather Bigg, which enable her to walk about by means of crutches, to feed and dress herself, knit, write, &c. The case is one possessing a good deal of interest as being the only case of the kind on record in which the whole of the four extremities have been removed. It is decidedly an unique case.

CONCUSSION FOLLOWED BY CHOREA AND DROWSINESS.—C. Handfield Jones, M. B., F. R. S., of St. Mary's Hospital, (*British Medical Journal*), reports a case of concussion of the brain and spinal cord followed by chorea and drowsiness. The patient, a painter, received his injuries in May, 1869, by falling from a scaffold. He was in the Hospital three weeks and was discharged; but was soon after attacked with twitchings of the limbs, accompanied by drowsiness. He was again admitted into the Hospital, near Windsor, and in about a month grew better. In the course of 1870, he grew worse again, and in December, 1871, he was admitted into St. Mary's Hospital. He was now decidedly choreic and slept most of the time. He was put upon 2 drachm doses of succus conii with good diet, and subsequently upon cod liver oil and hypophosphites, iron and quinine. In a short time he improved under the above treatment, but was liable on the slightest excitement to a return of this affection. There was no evidence that his previous occupation had anything to do with his present condition.

A POSITIVE SIGN OF DEATH.—The Academy of Sciences of Paris, in 1870, offered a prize of 20,000 francs for some simple and positive sign of death, which any non-professional person could understand and apply. The most practical and satisfactory one given is mentioned in a late number of Virchow's Archiv. It depends upon

the fact that no matter how profound the syncope or how death-like the person may appear if the circulation continues, however feebly, the person is not dead. All that is necessary therefore is to tie a string firmly around the finger of the supposed corpse ; if the blood circulate in the least, the whole finger, from the string to the tip, will swell and generally turn a bluish red. This test is exceedingly simple and conclusive.

PRESERVATION OF BODIES FOR DISSECTION.—At St. Thomas Hospital, London eleven bodies have been preserved in excellent condition, some for more than five months. The method adopted is identical with that used by Prof. Marshall, to whom the authorities at this school are indebted for the details of this process. The arteries may or may not be injected with a weak solution of arsenite of potash, but Mr. Marshall objects to large quantities of arsenic being used, one or two ounces being quite sufficient for the purpose. The bodies are then immersed in a fluid consisting of twenty-four gallons of water, twenty-eight pounds of common salt, one pound and a half of nitrate of potash, and three pints of Burnett's fluid (Chloride of Zinc) to each body. After many trials these proportions have been found to be best adapted for preserving bodies for dissection, for if too much salt or nitrate of potash be used, the skin gets very hard. By this means Mr. Marshall has been able to preserve portions of the body in good condition for demonstration for a period of ten years. The *Lancet* regards this as the best method it has yet seen ; it has the further advantage of being the cheapest ; and the fluid in which the bodies are immersed need only to be changed once in several years.

PHOSPHORUS PILLS.—A writer in the *Druggist's Circular* gives the following formula for a pill of phosphorus, by which he says they can be made of small size, at short notice, and to keep without evolving fumes: Dissolve one grain phosphorus in half a drachm of chloroform and rub in a mortar with two scruples powdered liquorice root till all the chloroform has evaporated. Add half a drachm powdered soap and work into a mass with water and divide into 24 pills.

VEGETABLE GROWTHS IN THE EAR.—Since the year 1844, when the attention of the profession was first called to the subject,

the growth of minute fungi in the ear has been reported to be a common cause of disease of that part. The meatus, canals, and tympanum are sometimes covered with the growth in the form of white or yellow mold on their surface. Cases of diseased ear occur in which are detected the fungus *Aspergillus*. Tinnitus, inflammation, and the accumulation of wax are the attendant symptoms. The treatment consists in the application of a solution of carbolic acid, five grains to the ounce of water. As it is found impossible to transplant the ectophytes to a healthy ear by inoculation, we suspect they are the effects of disease rather than the cause.

CONSUMPTION.—Dr. McCormac of London, in his pamphlet on consumption, remarks as follows :—The habitual respiration of air, not pre-respired, is essential, absolutely, to the effective prevention of Consumption, Scrofula, and other forms of tubercular disease. Air pre-breathed will not sustain combustion, will not sustain life. About 40 grains of Effete Carbon are excreted every 15 minutes, in the form of carbonic acid gas, from the lungs, provided always that air *not* pre-breathed shall be alone respired. If not, the effete carbon, being insufficiently oxidised, is retained *pro rata* as Tubercle within the living organism, and leads sooner or later to its destruction.

SMALL-POX EPIDEMIC.—This loathsome disease is prevailing to an alarming extent in Buffalo. Efforts are being made by the authorities to prevent its spread.

CHOLERA.—This disease is gradually extending westward, as is its wont, cases with deaths are of daily occurrence in Buda, Lemberg, Prague, and other parts of Austria. In the Province of Galicia from Oct. 1st to 15th upwards of 5,000 persons were attacked—of these 1,682 died.

ETHER AS AN ANÆSTHETIC.—Ether is gradually growing in public favor in England as well as in the United States, as an anæsthetic agent, and is destined sooner or later to displace chloroform. Several articles have appeared lately in the *British Medical Journal* and other leading medical journals in Europe and the United States, in favor of the use of this agent in preference to chloroform as being much safer, and at the same time quite as good an anæsthetic.

TORONTO GENERAL HOSPITAL.

DISEASE OF THE FOOT—AMPUTATION—UNDER THE CARE
OF DR. AIKINS.

(Reported by R. B. Nevitt).

R. A., 38 years of age, entered the Toronto General Hospital on the 15th of August, suffering from disease of the left foot.

Last January, on the 15th of the month, he cut his foot with an axe with which he was cutting some wood, and the edge made an incision over the joint of the great toe, about one inch and a half in depth. At the time of the accident it did not bleed much, but began to bleed when he was walking home, a distance of about a mile. Three days after, it began to fester; poultices were applied and continued for about a month. In about two months the cut was healed. Several sinuses subsequently made their appearance on the dorsum of the foot, and also on the side and sole; these kept opening and closing, and the patient was much reduced from hectic fever. Dr. Oliver, of Petrolia, had him under his care for some time, and recommended him to come to the Hospital. He did so, and on the 15th of August he was placed under the care of Dr. Aikins.

He was put on the regular Hospital diet. His foot was extremely painful, red and inflamed; three or four sinuses existed, all of which pointed towards the metatarsal bone of the great toe, and most of them were connected with each other. Dead bone was detected by the probe. Poultices were applied, and the foot slightly elevated. Treatment was continued for some time, but with little effect.

September 19th—To-day Dr. Aikins operated upon the foot. The operation consisted in a slight modification of Choparts. An incision was made from a point about half an inch anterior and inferior to the internal malleolus upwards and across the dorsum to a point directly opposite, and a second incision from the same point downwards and across forming the flap from the sole of the foot. The muscles were dissected back, and the head of the astragalus and anterior extremity of os-calcis sawn off. Having ascertained that there were no portions of diseased bone left, the flaps were brought together by fine iron wire sutures. The flaps being rather short, the tension was pretty strong, and a large number were required to

lessen this force. The foot was strapped and elevated, and cold water dressings applied. During the evening a good deal of heat and redness appeared in the stump, and the oozing was slight. Ice and a weak solution of carbolic acid was added to the dressing.

September 13th—The swelling and redness increased, and two of the lowest straps were cut. The wound seemed slightly inclined to suppurate, otherwise the patient was doing well.

September 14th—Suppuration going on, but the discharge is healthy looking—the swelling had diminished.

September 19th—Doing very well—union taking place—the sutures have all been removed.

September 24th—The patient is doing well in every respect, his appetite being good, and bowels moved regularly. The lips have closed with the exception of one or two points where there is a little suppuration.

BOOKS AND PAMPHLETS RECEIVED.

Urinary and Renal Diseases, including Urinary Deposits, illustrated by numerous cases and engravings, by William Roberts, M.D., F.R.C.P., London. Second American from the second revised and enlarged London edition. Philadelphia: H. C. Lea. Toronto: Copp, Clark & Co.

This work is divided into three parts—The “first part” is devoted to the Physical and Chemical properties of the Urine, and the various alterations it undergoes in Health and Disease. The various methods of Examining the Urine Clinically are pointed out, and also the Microscopical Appearances of Urinary Deposits. The “second part” treats of Urinary Diseases, such as Diabetes Insipidus, Diabetes Mellitus, Gravel and Calculi, and Chylous Urine, and their appropriate treatment. The “third part” embraces the various forms of Organic Disease of the Kidneys, their pathology, course, and treatment.

The first edition of this work was exhausted some time ago, and the demand for a new one being urgent, the author was induced to undertake it. The plan of the work as far as the new edition is concerned, is the same as the old one; but many chapters have been

revised, and new matter added. Two entirely new articles have been inserted—one on “Suppression of the Urine,” and the other on “Paroxysmal Hæmaturia.” Several new engravings have also been added. It is an exceedingly useful and practical work, and will well repay a careful and attentive perusal.

Physician's Visiting List for 1873, by Lindsay and Blakiston, Philadelphia.

It contains an almanac, table of signs, a description of Marshall Hall's ready method in Asphyxia, Antidotes to the various Poisons, and blank leaves for memoranda, &c. It is arranged for twenty-five patients weekly, but any other size desired may be ordered. It is a very convenient and exceedingly useful little work, and will save the busy practitioner hundreds of dollars every year, that but for it, he would forget to enter in his day-book.

Transactions of the American Otological Society, Fifth Annual Meeting, July, 1872. Boston: James Campbell & Son.

Paper on Infant Asylums, by A. Jacobi, M.D., President of the Medical Society of New York. New York: D. Appleton & Co.

Report of the Medical Superintendent of the Toronto Linnatic Asylum, for 1872. Hunter, Rose & Co.

The Physiological value of Phosphorus as an Organismal Element. An essay to which was awarded the prize of the American Medical Association, for 1872. By S. R. Percy, M.D., Professor of Materia Medica, New York Medical College, &c., &c.

Law Respecting Periodicals, Newspapers, &c.

1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions.

2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up; and subscribers are held responsible for all numbers sent.

3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires.

4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

